MAXIMUS Federal Services

Case Number:	CM14-0003202		
Date Assigned:	01/31/2014	Date of Injury:	03/01/2007
Decision Date:	06/20/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/09/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 57 year old female with a reported date of injury on 06/13/2003 to the left wrist when she was a janitor picking up garbage. The clinical note dated 01/14/2014 noted range of motion to the bilateral shoulders revealed flexion left/right was 75/65 degrees, extension left/right was 38/26 degrees, abduction left/right was 83/87 degrees, internal rotation left/right was 24/55 degrees, and external rotation was 69/73 degrees. The injured worker had diagnoses including cervical disc syndrome, bilateral carpal tunnel syndrome with positive nerve conductions study, status post work-related injury, anxiety, depression, hypertension, obesity, obstructive sleep apnea, lumbar spine spondylosis, and gastroesophageal reflux disease. The progress noted dated 05/28/2013 noted the injured worker was status post left carpal tunnel release surgery, status post left shoulder manipulation under anesthesia on 02/14/2013, status post right shoulder surgery in 2007, status post left shoulder surgery in 2009, and status post left trigger finger release in 11/2011. The request for authorization form was not submitted with the medical records. The request is for fifty-two electrodes, per pain between 03/01/2012and 03/01/2012, fourteen replacement batteries between 03/01/2012 and 03/01/2012, and two lead wires, per pair in between 03/01/2012 and 03/01/2012.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

FIFTY TWO ELECTRODES,PER PAIR BETWEEN 3/1/2012 and 3/1/2012: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

Decision rationale: The request for fifty-two electrodes, per pair between 03/01/203 and 03/01/2012 is not medically necessary. The injured worker has undergone surgery and physical therapy. The California Chronic Pain Medical Treatment guidelines do not recommend the TENS units as a primary treatment modatity, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as a n adjunct to a program of evidence-based functional restoration. According to the guidelines the published trials do not porovide information on the stimulation parameters which are most likely to provide optimum relief, not fo they ansser wquestions about long-term effectiveness. The guidelines also state the TENS unit is recommended as a treatment option for acute post-operative pain in the first 30 days post-surgery. TENS unit appears to be the most effective for mild to moderate thoracotomy pain. It has been shown to be of lesser effect, or not at all for other orthpedic surgical procedures. There is a lack of documentation regarding the use and efficacy of the TENS unit that would indicate the injured worker's need for fifty-two electrodes. The injured worker underwent multiple surgeries and physical therapy, however, there is a lack of documentation indicating she was previously utilizing a TENS unit. Therefore, the request is not medically necessary.

FOURTEEN REPLACEMENT BATTERIES BETWEEN 3/1/2012 AND 3/1/2012: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

Decision rationale: The request for fourteen request batteries between 03/01/2012 and 03/01/2012 is not medically necessary. The injured worker has undergone surgery and physical therapy. The California Chronic Pain Medical Treatment guidelines do not recommend the TENS units as a primary treatment modatity, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as a n adjunct to a program of evidence-based functional restoration. According to the guidelines the published trials do not porovide information on the stimulation parameters which are most likely to provide optimum relief, not fo they ansser wquestions about long-term effectiveness. The guidelines also state the TENS unit is recommended as a treatment option for acute post-operative pain in the first 30 days post-surgery. TENS unit appears to be the most effective for mild to moderate thoracotomy pain. It has been shown to be of lesser effect, or not at all for other orthpedic surgical procedures. There is a lack of documentation regarding the use and efficacy of the TENS unit that would indicate the injured worker's need for fourteen replacement batteries. The injured worker underwent multiple surgeries and physical therapy, however, there is a lack of documentation indicating she was previously utilizing a TENS unit. Therefore, the request is not medically necessary.

TWO LEAD WIRES, PER PAIR BETWEEN 3/1/2012 AND 3/1/2012: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

Decision rationale: The request for two lead wires, per pair between 03/01/2012 and 03/01/2012 is not medically necessary. The injured worker has undergone surgery and physical therapy. The California Chronic Pain Medical Treatment guidelines do not recommend the TENS units as a primary treatment modatity, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as a n adjunct to a program of evidence-based functional restoration. According to the guidelines the published trials do not porovide information on the stimulation parameters which are most likely to provide optimum relief, not fo they ansser wquestions about long-term effectiveness. The guidelines also state the TENS unit is recommended as a treatment option for acute post-operative pain in the first 30 days post-surgery. TENS unit appears to be the most effective for mild to moderate thoracotomy pain. It has been shown to be of lesser effect, or not at all for other orthpedic surgical procedures. There is a lack of documentation regarding the use and efficacy of the TENS unit that would indicate the injured worker's need for two lead wires. The injured worker underwent multiple surgeries and physical therapy, however, there is a lack of documentation indicating she was previously utilizing a TENS unit. Therefore, the request is not medically necessary.