

Case Number:	CM14-0004810		
Date Assigned:	07/07/2014	Date of Injury:	10/25/2012
Decision Date:	08/01/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	01/10/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 56 year old female with an injury date of 10/25/12. Based on the 11/11/13 progress report provided by [REDACTED] the patient complains of sharp, stabbing neck pain and muscle spasms. This pain is associated with numbness and tingling of the bilateral upper extremities. She also has sharp stabbing right shoulder pain and is status post left shoulder arthroscopy with residual pain. The patient has sharp burning bilateral elbow pain and achy bilateral wrist pain with muscle spasms and weakness, numbness, tingling, and pain radiating to the hand and fingers. She has dull mid back pain and sharp stabbing low back pain with muscle spasms. The patient has sharp, stabbing, achy bilateral knee pain and muscle spasms and has numbness, tingling, and pain radiating to the feet. She complains of dull, boring bilateral ankle pain and muscle spasms. Her pain is also aggravated by activities of daily living such as getting dressed and performing personal hygiene. The patient has been feeling anxiety, stress, and depression due to her inability to work and perform the normal day to day tasks of living. [REDACTED] is requesting for DME: Tens unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

A TENS UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised

2007), Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: MTUS guidelines state that a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. Review of the reports show that the patient has not yet had a one month trial of the TENS unit. There is no discussion on if the patient needs the TENS unit as a rental or for purchase. Given the lack of any discussion, the request is not medically necessary.