MAXIMUS Federal Services

Case Number:	CM14-0006425		
Date Assigned:	02/07/2014	Date of Injury:	06/20/2013
Decision Date:	07/11/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/17/2014

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 Orthopedic Surgery 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 51-year-old female who has submitted a claim for left shoulder sprain/strain, bursitis, impingement, and calcific tendinitis; and left wrist sprain/strain, tendinitis rule out carpal tunnel syndrome associated with an industrial injury date of June 20, 2013. Medical records from 2013 were reviewed. The patient complained of chronic wrist and shoulder pain. There was heavy sensation with numbness and decreased grip strength to the left wrist and hand. Her left wrist pain was increased with repetitive or prolonged grip/grasp, and fine manipulation. There was also left shoulder pain with stiffness and weakness. The pain was aggravated by activities above shoulder level, forceful lifting, carrying, pushing, and pulling. Physical examination showed tenderness on the postscapular and periscapular muscles, subacromion, acromioclavicular joint, and supraspinatus tendon of the left shoulder. There was limited range of motion of the left shoulder. Cross arm test and impingement test was positive on the left. Examination of the left wrist revealed decreased sensation over the left median nerve distribution from the forearm through the first to fourth digits. Tenderness was noted upon motion, greater on extension. There was also limited range of motion of the left wrist. Tinel's and Phalen's signs were positive. Imaging studies were not available. Treatment to date has included medications, physical therapy, acupuncture, physiotherapy, home exercise program, activity modification, and right shoulder surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT(TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION),CONDUCTIVE GARMENT, AND 3 MONTHS OF SUPPLIES: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic Pain (Transcutaneous Electrical Nerve Stimulation) Page(s): 114-116.

Decision rationale: As stated on page 114-116 of the California MTUS Chronic Pain Medical Treatment guidelines, TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. Criteria for the use of TENS unit include chronic intractable pain - pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. In this case, patient had left wrist and shoulder pain since 2013. The rationale for the use of TENS unit was not clear, because the progress report containing the information was illegible. Although the primary physician mentioned in his appeal letter that the requested treatment was an adjunct to the patient's pharmacotherapy, home exercise, and physiotherapy, it was not mentioned if the current request would be a trial. In addition, there was no documentation regarding failure of other ongoing treatment modalities or medications being used. A treatment plan concerning the use of the TENS unit was also not found in the documentation. The guideline criteria have not been met. Also, the present request failed to specify if the device is for rental or purchase. Therefore, the request for TENS UNIT(TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION),CONDUCTIVE GARMENT, AND 3 MONTHS OF SUPPLIES is not medically necessary.