

Case Number:	CM14-0108123		
Date Assigned:	08/01/2014	Date of Injury:	07/16/2009
Decision Date:	09/16/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/11/2014

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 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 injured worker is a 47 year-old female who reported an injury on 07/16/2009. The mechanism of injury was cumulative trauma and repetitive strain. The surgical interventions included a left shoulder acromioplasty in 2000, a right shoulder arthroplasty with acromioplasty in 2012, and a left shoulder acromioplasty and rotator cuff tear repair in 04/2012. The injured worker underwent MRIs and an EMG/NCV of the bilateral upper extremities. Other therapies included physical therapy and medications. The documentation of 05/22/2014 revealed the injured worker's pain with medications was 4/10 and without medications a 9/10. The injured worker indicated she felt drugged with Butrans but that it was helpful for pain. The injured worker indicated physical therapy aggravated her pain. The injured worker is noted not to have a working home exercise program. The current medications included Butrans 10 mg per hour 1 every week and take the old 1 off the skin, Neurontin 800 mg tablets one 3 times a day, Norco 10/325 mg tablets 1 every 4 to 6 hours as needed for pain, Tomazepam 50 mg capsules 1 at bedtime as needed. The physical examination revealed restriction of the right shoulder with a positive Hawkins test and tenderness over the acromioclavicular joint. The physical examination of the left shoulder revealed a positive Hawkins test and Speed's test. The examination of the right wrist revealed a positive Finkelstein's. The motor strength testing revealed weakness in the bilateral shoulder, external rotator, bilateral shoulder internal rotators, left elbow extensor, and the abductor hallucis brevis muscle groups. The sensory examination revealed dull, diminished sensation to light touch over the bilateral upper extremities. The Waddell's signs were negative. The diagnoses included bilateral shoulder and wrist pain, cervical pain, disc disorder cervical, carpal tunnel syndrome, and radial styloid tenosynovitis on the right. The treatment plan included a TENS Unit trial for 30 days, as the injured worker was interested in non-

pharmacological treatment as an alternative for pain relief. There was no Request for Authorization submitted for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit and Supplies: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend a 1 month trial of a TENS Unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least 3 months of pain and evidence other appropriate pain modalities have been trialed and failed, including medication. The clinical documentation submitted for review indicated the injured worker did not have a home exercise program and that physical therapy aggravated her pain. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. The request as submitted failed to indicate the frequency for the treatment and whether the request was for a rental or purchase. Given the above, the request for a TENS Unit and Supplies is not medically necessary.