

Case Number:	CM14-0016783		
Date Assigned:	02/21/2014	Date of Injury:	11/02/2012
Decision Date:	07/23/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/10/2014

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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:

This is a 47-year-old male truck driver with an 11/2/12 date of injury to his right shoulder and arm after a slip and fall. He sustained a comminuted fracture of the right mid-distal clavicle, he had an ORIF (Open Reduction Internal Fixation) of the right clavicle mal union with autograft on 1/28/13, postoperative physical therapy (at least 21 sessions) and use of a bone stimulator. The patient was seen on 1/9/14 complaining of intermittent right shoulder pain and stiffness. The patient was noted to be compliant in a home exercise program. By examination, there was right clavicle tenderness and active abduction to 160 degrees. The request is noted to be an EMPI TENS (Transcutaneous Electrical Nerve Stimulator) unit for home use and purchase. A progress report dated on 1/31/14 noted that, the patient continued to have pain in the right clavicle, no VAS was noted and he was noted to be on Duexis and Voltaren gel. By examination there were unchanged. The patient was noted to have recently completed 10 sessions of physical therapy and 8 more were requested. His bone growth stimulator was noted to be discontinued on this date. Treatment to date is ORIF right clavicle with bone stimulator, medications, postoperative physical therapy, and HEP. The UR decision dated on 1/27/14 denied the request given, there was no evidence that the patient had a 1 month trial of a TENS Unit or documentation of any short or long term goals with regard to the unit. Treatment to date: ORIF right clavicle with bone stimulator, medications, postoperative physical therapy, HEP. A UR decision dated 1/27/14 denied the request given there was no evidence that the patient had a 1 month trial of a TENS Unit or documentation of any short or long term goals with regard to the unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF EMPI TENS UNIT FOR HOME USE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous Electrical Nerve Stimulator) Page(s): 116.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that criteria for the use of TENS unit include Chronic intractable 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. 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 and that other ongoing pain treatment should also be documented during the trial period including medication. There is no indication that the patient has had a 1 month TENS unit trial. There is no clear rationale given for a TENS unit. The patient is status post ORIF (Open Reduction Internal Fixation) to the right clavicle with more than 21 postoperative physical therapy sessions and use of a bone growth stimulator documented until Jan 31 2014. The patient was noted to be independent in a home exercise program but still be undergoing physical therapy. There is no indication the patient has exhausted all other conservative pain modalities. Therefore, the request for an EMPI TENS unit was not medically necessary.