

Case Number:	CM14-0110947		
Date Assigned:	08/01/2014	Date of Injury:	09/15/2011
Decision Date:	09/10/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/16/2014

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 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 54-year-old male who reported injury on 09/15/2011, reportedly, he was coming down some stairs and carrying a crib when he tripped and fell into a tarmac landing on the front of his body. He sustained injuries to his knees, right hand, low back, right shoulder, and left elbow. The treatment history included medications, physical therapy, MRI, and x-rays. On 05/21/2014, the provider did a treatment appeal letter stating that a TENs unit was being utilized in physical therapy that reduced his pain from 5/10 to 3/10 on a VAS with the use of the TENs. The provider noted it gave the injured worker positive benefits from the TENs unit, physical therapist recommended the injured worker have a 30 day trial of the TENs unit for home use. Short-term goals would be to reduce pain while the long-term goals would be to reduce his medications gradually. The injured worker was evaluated on 06/12/2014, and was documented the injured worker complained of bilateral knee, right wrist, right shoulder, and back pain. He was status post right wrist reconstruction and fusion in 04/2013. He completed 6 sessions of physical therapy for his knees. He was doing the exercises on his own. The physical therapist had used a TENs unit on the knees, which did help decrease his pain from 5/10 on the VAS to 3/10, the therapist recommended a home unit. However, the injured worker received a denial for the home unit. He stated that he was working with his attorney on this and this is being appealed. He continued to have pain in the right shoulder with radiation into the arm and into the right side of his neck. Objective findings were normal muscle tone without atrophy in the right upper extremity, left lower upper extremity, right lower upper extremity, and left lower extremity. Medications included gabapentin, Nabumetone-Relafen, and tramadol ECL ER, glucosamine sulfate, and naproxen sodium. Symptoms included pain in joint shoulder, pain in joint hand, and pain in joint lower leg. The Request for Authorization dated 06/30/2014 was for a 2 month rental

of the TENS unit/supplies and the rationale was to decrease the injured worker's pain and the therapist recommended a home unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 month rental TENS Unit/supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Online version - Pain Chapter - Post-Operative TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 114-116.

Decision rationale: The requested is not medically necessary. The Chronic Pain Medical Treatment Guidelines do not recommend a TENS unit 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 and other ongoing pain treatment including medication usage. It also states that the TENS unit is recommended for neuropathic pain including diabetic neuropathy and post-herpetic neuralgia. The guidelines recommends as a treatment option for acute post-operative pain in the first thirty days post-surgery. The request for failed to indicate location where the TENS unit will be applied on the injured worker. In addition, the guidelines recommends 30 day trial the recommended of time that is requested will exceed guidelines. Given the above, the request for 2-month rental TENS Unit /Supplies is not medically necessary.