

Case Number:	CM14-0112031		
Date Assigned:	09/05/2014	Date of Injury:	02/10/2009
Decision Date:	09/25/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/18/2014

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 Family Practice 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:

51 yr. old female claimant sustained a work injury on 2/10/09 involving the left shoulder. She was diagnosed with a left thoracic outlet syndrome with compression of the left ulnar and media nerves. A progress note on 4/15/14 indicated the claimant had continued weakness in the left upper extremity with muscle spasms. Tinel and Phalen's test were positive. There was reduction in flow in the subclavian artery by ultrasound. Surgery was recommended. On 6/11/14, the claimant underwent a decompression of the left shoulder and a carpal tunnel release. Post-operatively, she underwent physical therapy. A post-operative request was made for a TENS unit and 30 day rental for cold compression for DVT prophylaxis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous Electrical Nerve Stimulation (TENS) Electrodes: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113-115. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Pain and TENS.

Decision rationale: According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. The length of use was not specified. According to the ODG guidelines, a one-month home-based TENS trial for neck pain may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. Outcomes compared to placebo are not proven in use for whiplash-associated disorders, acute mechanical neck disease, or chronic neck disorders with radicular findings, as evidence is conflicting. Based on the above, the request for a TENS unit is not medically necessary and therefore the electrodes are not necessary.

Deep Venous Thrombosis (DVT) prophylaxis with cold compression TID 30-DAY rental:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment for Workers' Compensation, Online Edition Chapter: Shoulder.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Continuous Cryotherapy.

Decision rationale: According to the ODG guidelines, continuous cryotherapy for postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (eg, muscle strains and contusions) has not been fully evaluated. There is limited evidence on its use for DVT prophylaxis. In addition, a 30 day use is not recommended and therefore the cold compression 30 day rental is not medically necessary.

Transcutaneous Electrical Nerve Stimulation (TENS) unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113-115. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Complaints.

Decision rationale: According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. The length of use was not specified. According to the ODG guidelines, a one-month home-based TENS trial for neck pain may be

considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. Outcomes compared to placebo are not proven in use for whiplash-associated disorders, acute mechanical neck disease, or chronic neck disorders with radicular findings, as evidence is conflicting. Based on the above, the request for a TENS unit is not medically necessary and therefore the electrodes are not necessary.