

Case Number:	CM14-0114213		
Date Assigned:	08/04/2014	Date of Injury:	08/05/2013
Decision Date:	11/05/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/22/2014

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 30-year-old female who reported an injury after she attempted to place trays inside a cabinet. The cabinet fell forward to the right pulling her left upper extremity on 08/05/2013. The clinical note dated 06/11/2014 indicated a diagnosis of impingement left shoulder with possible rotator cuff injury. The injured worker reported constant pain that was moderate to severe in intensity. The injured worker reported the pain radiated into the left side of the neck extending down to the left hand and wrist. The injured worker reported a popping and grinding sensation. The injured worker reported her symptoms were aggravated with repetitive lifting, pushing, pulling, and overhead activities and the injured worker reported difficulty lying on the left side for extended periods of time. The injured worker reported constant pain that was moderate to severe intensity to the low back that radiated into the left hip. The injured worker complained of frequent stiffness and knots over the lumbar paraspinal musculature but denied any muscle spasms. The injured worker reported her symptoms were exacerbated with prolonged standing and heavy lifting activities. On physical examination of the shoulder, the injured worker had full range of motion to the shoulders; however, there was the Impingement sign was positive on the left. The injured worker was able to bring the fingertips to the distal palmar crease. The injured worker's motor examination was intact. The injured worker reported her cervical pain 7/10 with difficulty of range of motion. The injured worker also reported occasional numbness and tingling in the fingers of the left hand. The injured worker rated her pain 8/10 radiating to the neck on the left side. The injured worker's prior treatments included diagnostic imaging and medication management. The provider submitted a request for a TENS unit and home exercise kit purchase. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous Electrical Nerve Stimulator (TENS) Unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

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

Decision rationale: The request for Transcutaneous Nerve Stimulator (TENS) Unit purchase is not medically necessary. The California MTUS guidelines for the use of TENS unit requires chronic intractable pain documentation of at least a three month duration. There needs to be evidence that other appropriate pain modalities have been tried (including medication) and failed. 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; rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. Form-fitting TENS device: This is only considered medically necessary when there is documentation that there is such a large area that requires stimulation that a conventional system cannot accommodate the treatment, that the patient has medical conditions (such as skin pathology) that prevents the use of the traditional system, or the TENS unit is to be used under a cast (as in treatment for disuse atrophy). There is lack of documentation for 1 month trial period of the TENS unit as well as documentation of how often the unit was used as well as the outcomes in terms of pain relief and function. In addition, there is lack of a treatment plan, including the specific short and long term goals of treatment with the TENS unit. Therefore, the request for TENS unit is not medically necessary.

Home Exercise Kit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

Decision rationale: The request for Home Exercise Kit purchase is not medically necessary. The California MTUS Guidelines recommend exercise. There is lack of significant evidence to support the recommendation of any particular exercise regimen over another exercise regimen. In addition, there is lack of significant clinical evidence of the type of home exercise kit being requested. Therefore, the request is not medically necessary.

