MAXIMUS Federal Services

Case Number:	CM14-0121726		
Date Assigned:	08/06/2014	Date of Injury:	12/11/2012
Decision Date:	10/01/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/01/2014

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 Illinois. 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 46 year old female who reported an injury on 12/11/2012 due to an unknown mechanism. Diagnoses were moderately severe right scapula trigger point tendinitis; impingement syndrome right shoulder with questionable longitudinal tear long head biceps tendon and bicipital tendinitis; minimal dorsal wrist synovitis/tendinitis; minimal cervical radiculitis with objective findings of weakness of the supraspinatus; biceps muscle on the right side; and chronic cervical degenerative disc disease. Past treatments were medications, physical therapy, and 2 cortisone injections. Diagnostic studies included an MRI of the right shoulder. Surgical history was not reported. The mechanism of injury was cumulative trauma. The physical examination on 07/14/2014 revealed complained of slight pain in the neck on the left greater than the right side. There were complaints of radicular pain into the right arm with moderate right scapular pain. The injured worker complained of intermittent slight pain and occasional numbness in the dorsum of the right hand and wrist. The examination of the cervical spine revealed slightly limited range of motion. There was tenderness to palpation in the posterior cervical paravertebral muscles on the right side. There was slight muscle spasm and slight tenderness over the left occipital nerve. There was tenderness in the scapula trigger point on the right side and no atrophy about the deltoid and scapula muscles. There was pain with range of motion on the right shoulder. Tinel's sign and Phalen's sign were negative. Medications were Daypro and Flexeril. The treatment plan was to continue medications as directed and continue a stretching and strengthening exercise, and use of ice packs should part of the injured worker's therapy program. The rationale was not reported. The Request for Authorization was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS(Trancutaneous Electrical Nerve Stimulation) Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trancutaneous Electrical Nerve Stimulation Unit Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NMES,TENS Page(s): 121,114-116.

Decision rationale: The decision for TENS (transcutaneous electrical nerve stimulation) unit is not medically necessary. The California Medical Treatment Utilization Schedule states 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 that other appropriate pain modalities have been tried (including medication) and have failed. They do not recommend neuromuscular electrical stimulation as there is no evidence to support its use in chronic pain. Past conservative care modalities such as acupuncture, chiropractic sessions, and physical therapy were not reported. Therefore, the request is not medically necessary.