

Case Number:	CM14-0134701		
Date Assigned:	08/29/2014	Date of Injury:	05/10/2011
Decision Date:	11/03/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/22/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 65-year-old female who reported an injury on 05/10/2011. The mechanism of injury was not provided. Her diagnoses included cervical spine chronic sprain/strain, right shoulder rotator cuff tear, and right knee internal derangement. The past treatment included medications, surgery, and physical therapy. Diagnostic testing included an EMG/NCV on 05/28/2014; an MRI of the right knee on 08/02/2012; an MRI of the cervical spine on 07/19/2012; and an x-ray of the cervical spine and right shoulder on 06/30/2014. The injured worker underwent right shoulder arthroscopic surgery, including rotator cuff repair, Mumford procedure, and intra-articular debridement on 10/04/2013. The injured worker complained of left wrist and left arm pain on 07/07/2014. The injured worker stated she had completed 24 sessions of physical therapy for the right shoulder with benefit. The physical examination of the right shoulder revealed range of motion of flexion at 170/180, abduction at 160/180, internal rotation at 80/90, and external rotation at 90/90. Medications included Prilosec, Naprosyn, and Ultracet. The treatment plan was for TENS unit electrode pads. The rationale for the request was not submitted. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS electrode pads: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS; Chronic pain Transcutaneous electrotherapyCA MTUS; ch.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation), Page(s): 114-116..

Decision rationale: The request for TENS electrode pads is not medically necessary. The injured worker complained of left wrist and left arm pain on 07/07/2014. The California MTUS guidelines note the use of transcutaneous electrical nerve stimulation is not recommended as a primary treatment modality. A 1 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. Prior to a 1 month trial the guidelines recommend there be documentation of pain of at least 3 months duration and there should be evidence that other appropriate pain modalities have been tried (including medication) and failed. There is no indication the unit was to be used as an adjunct to a program of evidence based functional restoration. There is lack of documentation stating the injured worker has had any significant objective functional improvement using the TENS unit, in order to justify the need for additional supplies. There is a lack of documentation indicating the failure of other appropriate pain modalities. In addition, the rationale for the request was not provided. Furthermore, the request does not specify the quantity of electrode pads requested. Therefore, the request for TENS electrode pads is not medically necessary.