

Case Number:	CM14-0021433		
Date Assigned:	05/07/2014	Date of Injury:	09/29/2013
Decision Date:	07/09/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/20/2014

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 Physical Medicine and 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 58-year-old female with a reported date of injury on 09/29/2013; the mechanism of injury was not provided within the medical records. The injured worker presented with complaints of neck pain rated 7/10, and left shoulder pain radiating to the arm and fingers, rated 7/10. Additionally, the injured worker presented with left elbow and left wrist pain rated 7/10. Upon physical examination, the injured worker's cervical spine range of motion revealed flexion to 50 degrees, extension to 60 degrees, bilateral rotation to 80 degrees, and lateral flexion bilaterally to 45 degrees. In addition, the shoulder range of motion revealed flexion to 90 degrees, extension to 20 degrees, abduction to 90 degrees, adduction to 50 degrees, external rotation to 45 degrees, and internal rotation to 60 degrees. The physician indicated the injured worker presented with positive Neer's impingement sign, Kennedy-Hawkins, and Jobe's test. The clinical note indicated that the injured worker had a history of prior physical therapy. The injured worker's diagnoses included cervical spine sprain/strain, cervical radiculopathy, left shoulder sprain/strain, left elbow sprain/strain, left wrist carpal tunnel syndrome, anxiety disorder, mood disorder, and acute stress reaction. The injured worker's medication regimen included Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclophene, ketoprofen cream, and Terocin patches. The Request for Authorization for 1 TENS (transcutaneous electrical nerve stimulation) unit was submitted on 02/15/2014. The rationale for the request was not provided within the documentation available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE TENS (TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION) UNIT:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR THE USE OF TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS, Chronic Pain Page(s): 114 & 116.

Decision rationale: According to the California Medical Treatment Utilization Schedule (MTUS) Guidelines, transcutaneous electrical nerve stimulation units are not recommended as a primary treatment modality, but a 1 month home-based TENS trial may be considered as a noninvasive conservative option. If used in addition to a program of evidence-based functional restoration. Criteria for use of the TENS unit should include documentation of pain of at least 3 months' duration, evidence that other appropriate pain modalities have been tried, including medication, and failed. The guidelines recommend a 1 month trial period of the TENS unit should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach. Documentation should include 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. The request does not specify the site at which the TENS unit is to be utilized. Furthermore, the clinical information provided for review lacks the treatment plan, including the specific short and long-term goals of treatment with the TENS unit. Additionally, there was a lack of documentation indicating the injured worker underwent a 30 day home based trial with documented efficacy. Therefore, the request for 1 TENS (transcutaneous electrical nerve stimulation) unit is not medically necessary and appropriate.