

Case Number:	CM14-0030026		
Date Assigned:	06/20/2014	Date of Injury:	09/26/2006
Decision Date:	07/17/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/10/2014

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, has a subspecialty in Pain 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 47 year old female who reported an injury on 09/26/2006. Mechanism of injury is unknown. The injured worker complained of neck pain, bilateral shoulder pain, wrist/hand pain, back pain, knee pain and bilateral foot pain. There was no measurable pain indicated in notes. Physical examination revealed that the injured worker had a limp favoring her right lower extremity. There was limited range of motion of the cervical and lumbar spine. There was tenderness in the cervical paravertebrae muscles, trapezius and lumbar paravertebrae muscles. The injured worker was able to reach 60 degrees of lumbar flexion. On examination of both knees, the patient had a mild limited range of motion to flexion. There was joint line tenderness, medial more than lateral. Sciatic tension test cause knee pain. The injured worker has diagnoses of post arthroscopic surgery, left ankle internal derangement, cervical radiculopathy, lumbar spine sprain and strain, myofascitis and overuse syndrome of left leg and left knee. The injured worker has had arthroscopic surgery, does not specify when and where, she has had physical therapy and the use of medications. There was no evidence as to how many sessions the injured worker had attended physical therapy and what were the results. No documentation on whether the therapy benefited any functional deficits the injured worker might have had. The medications the injured worker used were Prozac 40mg in the morning, Clonazepam 1mg at bedtime and Restoril 15mg at bedtime. The treatment plan is for TENS (Transcutaneous Electrotherapy Nerve Stimulation) unit for purchase. The rationale was not submitted for review. The request for authorization was submitted on 02/06/2014 by [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (Transcutaneous Electrotherapy Nerve Stimulation) unit for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous Electrotherapy Nerve Stimulation), Criteria for use of TENS Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy (post operative plan) Page(s): 116..

Decision rationale: The request for TENS (Transcutaneous Electrotherapy Nerve Stimulation) unit for purchase is non-certified. The injured worker complained of neck pain, bilateral shoulder pain, wrist/hand pain, back pain, knee pain and bilateral foot pain. The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend a TENS unit as a treatment option for acute post-operative pain in the first 30 days post-surgery. Transcutaneous electrical nerve stimulation (TENS) appears to be most effective for mild to moderate thoracotomy pain. It has been shown to be of lesser effect, or not at all for other orthopedic surgical procedures. The proposed necessity of the unit should be documented upon request. Rental would be preferred over purchase during this 30-day. In the report it was not noted as to when the injured worker had surgery. Guidelines clearly state that TENS unit are a treatment option for acute post-operative pain in the first 30 days. The injured worker is clearly in the chronic state of pain. Guidelines also recommend the rental of a TENS unit before purchase for the first 30 days. The request is for the purchase of a TENS unit, exceeding guideline recommendations. Furthermore, guidelines also state that the proposed necessity of the unit should be documented. The request does not specify where the unit will be used. As such, the request for TENS (Transcutaneous Electrotherapy Nerve Stimulation) unit for purchase is non-certified.