

Case Number:	CM14-0037998		
Date Assigned:	06/23/2014	Date of Injury:	07/01/2013
Decision Date:	08/06/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/01/2014

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 and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 48 year old female with a work injury dated 6/9/11. The diagnoses include cervical spine sprain/strain with degenerative disc disease and C5 radiculopathy; right shoulder, thoracic spine, lumbar spine, right ankle, right wrist sprain/strain and carpal tunnel syndrome. Under consideration is a retrospective request for TENS unit for the lumbar spine, thoracic spine, cervical spine, right shoulder, right wrist, right foot/ankle and left knee. Per documentation the patient has tried and failed acupuncture, physical therapy and chiropractic therapy. The most recent documentation dated 1/6/14 indicates that the patient complains of continued aching. There are complaints of neck and back pain, right shoulder and right wrist pain. The patient is dropping objects. Podiatry and orthopedic appointments are scheduled. There is a shoulder injection scheduled. Her functional status is unchanged. On exam her gait is antalgic. She is working modified duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physiotherapy 3 times a week for 4 weeks to the bilateral knees: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The retrospective request for TENS unit for the lumbar spine, thoracic spine, cervical spine, right shoulder, right wrist, right foot/ankle and left knee. Tens with leads is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that 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 time. The documentation submitted does not reveal the documentation of use and outcomes recommended prior to having a rental or home TENS unit. Additionally, there should be a treatment plan including the specific short- and long-term goals of treatment with the TENS unit documented. The above documentation does not submit evidence of a treatment plan or an ongoing documented program of evidence based functional restoration. Additionally the history and physical exams are not supportive of neuropathic pain, spasticity, multiple sclerosis, phantom limb pain which are the indications that TENS may be used for. The retrospective request for TENS unit for the lumbar spine, thoracic spine, cervical spine, right shoulder, right wrist, right foot/ankle and left knee is not medically necessary.