

Case Number:	CM14-0044270		
Date Assigned:	07/07/2014	Date of Injury:	12/31/2003
Decision Date:	08/22/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/11/2014

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 Interventional Spine 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 patient is a 42-year-old female with date of injury of 12/31/2003. The listed diagnoses per [REDACTED] dated 11/07/2013 are: 1. Sprain/strain of the cervical spine. 2. Right shoulder impingement syndrome. 3. Acromioclavicular joint arthritis, status post arthroscopic debridement. 4. Sprain/strain of the wrist. 5. Carpal tunnel syndrome moderate per EMG/NCV of 05/29/2012. 6. Soft tissue mass of the right posterior shoulder, nonindustrial. 7. Right lateral epicondylitis. 8. Left shoulder strain. 9. Left elbow lateral epicondylitis. According to this report, the patient complains of increasing pain in her neck radiating into her right shoulder and right arm, right greater than the left. She also has numbness, tingling, and swelling of both hands and fingers. She rates her pain 8/10 in the bilateral shoulder and neck. The objective findings show the cervical spine is tender bilaterally, on the base of the occiput paraspinal muscles at C5-C6, C6-C7. Active range of motion of the cervical spine is within normal limits upon flexion and extension. She has positive impingement sign and negative cross adduction sign. There is tenderness to the lateral epicondyle and to a lesser degree in the extensor muscle belly of the forearm. She has full range of motion on the right elbow. The patient has a positive Tinel's to the ulnar nerve. The right wrist shows tenderness to the extensor digitorum communis, flexor digitorum communis, flexor digitorum superficialis and the median nerve with a positive Tinel's sign and Phalen's sign. There is full wrist and finger range of motion. The utilization review denied the request on 03/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Operative TENS (transcutaneous electrical nerve stimulation) Unit X 4 Week Rental:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TENS, post operative pain (transcutaneous electrical nerve stimulation).

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

Decision rationale: This patient presents with neck, right shoulder, right arm, bilateral hands and fingers pain. The provider is requesting postoperative TENS unit rental for 4 weeks. The MTUS Guidelines page 114 to 116 on TENS Units, states that it is 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 as an adjunct to a program of evidenced-based functional restoration. The MTUS further states that it is recommended as a treatment option for acute postoperative 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 records show that the patient was scheduled for a right carpal tunnel release on 01/31/2014; however, operative reports were not made available for review. It appears that the patient has not tried TENS in the past. In this case, the patient can benefit from a trial of the TENS unit. The MTUS supports a 30-day treatment option for acute postoperative pain. Such as, post operative TENS (transcutaneous electrical nerve stimulation) Unit X 4 week rental is not medically necessary.