

Case Number:	CM14-0045750		
Date Assigned:	07/02/2014	Date of Injury:	06/10/2004
Decision Date:	08/22/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/14/2014

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 and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 45 year old male was injured on 6/10/2004. The mechanism of injury is undisclosed. The most recent progress note, dated 8/31/2011, indicates that there were ongoing complaints of neck pain that radiated to the right upper extremity with numbness and tingling. The physical examination demonstrated cervical spine positive tenderness to palpation at the cervical paravertebral muscles and upper trapezius with muscle spasm, positive axial loading compression test and Spurling's maneuver, limited range of motion with pain and decreased sensation at the C5, C6 dermatomes. Right shoulder had positive tenderness to palpation anteriorly, positive impingement sign and pain with motion. Right elbow had positive tenderness at the medial epicondyle, positive Tinel's sign and pain with flexion. Right wrist had positive Tinel's/Phalen's tests, pain with flexion and weak grip. No recent diagnostic studies were available for review. Previous treatment included medication and conservative treatment. A request was made for transcutaneous electrical nerve stimulation (TENS) unit and was not certified in the pre-authorization process on 3/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home tens unit-neck/shoulder/wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TENS, Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 113-116.

Decision rationale: The MTUS recommends against using a transcutaneous electrical nerve stimulation (TENS) unit as a primary treatment modality and indicates that a one month trial must be documented prior to purchase of the unit. Based on the clinical documentation provided, the TENS unit is being used as a primary treatment modality, and there is no documentation of a previous one month trial. As such, the request for purchase of a TENS unit is considered not medically necessary.