

Case Number:	CM14-0067998		
Date Assigned:	07/11/2014	Date of Injury:	06/09/2011
Decision Date:	10/02/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/12/2014

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 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 injured worker is a 48-year-old female who was reportedly injured on June 9, 2011. The mechanism of injury is noted as a trip and fall. The most recent progress note dated February 10, 2014, indicates that there are ongoing complaints of neck pain, right shoulder pain, right wrist pain, and right ankle pain. The physical examination demonstrated tenderness and spasms of the cervical spine paravertebral muscles and the upper trapezius. There was decreased range of motion of the cervical and lumbar spine and a normal upper and lower extremity neurological examination. Examination of the shoulders indicated decreased range of motion and tenderness at the acromioclavicular joints and the biceps tendon. There was a positive impingement test. Examination of the wrists revealed tenderness at the volar and thenar muscles. There was a positive Tinel's test and Phalen's test on the right side and there was bilateral decreased wrist range of motion. Examination of the knees revealed tenderness over the lateral joint line and the lateral collateral ligament there was bilaterally decreased knee range of motion. The examination of the ankles revealed tenderness over the anterior talofibular ligaments on the right side. There was ankle swelling as well as pain with range of motion. Diagnostic imaging studies of the cervical spine showed and osteophyte formation at C5 and a loss of disc height at C5 - C6. An x-ray of the lumbar spine revealed mild osteophytes from L1 through L5 and decreased disk height at L5 - S1. An x-ray of the right shoulder was normal. Previous treatment includes physical therapy, chiropractic care, acupuncture, the use of a transcutaneous electrical nerve stimulation (TENS) unit and a right wrist brace. A request was made for the use of a TENS unit and was not certified in the pre-authorization process on April 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for TENS unit for the lumbar spine, thoracic spine, cervical spine, right shoulder, right wrist, right foot/ankle and left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-115.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113 - 116 of 127.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the criteria for the use of a transcutaneous electrical; nerve stimulation (TENS) unit includes a one-month trial. With documentation of outcome in terms of pain relief and function. Additionally there should be evidence that other appropriate pain modalities including medications have been tried and failed. As there is no documentation of these criteria in the medical record, this request for the use of a TENS unit for the lumbar spine, thoracic spine, cervical spine, right shoulder, right wrist, right foot/ankle and left knee is not medically necessary.