

Case Number:	CM14-0071408		
Date Assigned:	07/14/2014	Date of Injury:	08/25/2011
Decision Date:	08/29/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/16/2014

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 Texas and Ohio. 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 61-year-old female who reported an injury on 08/25/2011 while assisting a client, the injured worker turned to get something from the sink when the injured worker tripped on an electrical cord on the floor next to the bed. The injured worker fell flat on the floor, hitting the right side of her face on the floor and twisted the right hand and fingers. The injured worker felt pain throughout the neck, right shoulder, right side of chest and breast, right rib cage, pelvis, abdomen, and both knees. The injured worker's treatment history included a CT scan, surgeries, medications, x-rays, and physical therapy. The injured worker was evaluated on 04/07/2014, as the injured worker complained of persistent aching pain with pins and needle-like sensation in her right shoulder status post arthroscopy. The pain was rated at 6/10 to 7/10. She was doing better and was glad that she had the procedure. She was attending physical therapy. It had increased her range of motion and decreased her pain. She also complained of aching pains in her right elbow, low back, and both knees. She had numbness in her right foot. She rated her pain at 6/10. She continued to walk with a limp. The physical examination of the right shoulder tenderness was absent in the right sternoclavicular joint. Tenderness was present in the right anterior capsule and right acromioclavicular joint. The range of motion on the right internal/external rotation was 90 degrees, extension was 40 degrees, and abduction/flexion was 160 degrees. Strength tests were +5 on the right shoulder. Reflex tests were +2 to the upper extremities and was graded =2 normal. Right knee examination McMurray's maneuver was positive, medially. There was no stability. Range of motion she could flex to 100 degrees and extension to 0 degrees. The reflexes were +2, bilaterally, and symmetrical. Diagnoses included status post right subacromial decompression, Mumford procedure rotator cuff repair, lumbar strain with right lower extremity radiculopathy, right cubital syndrome, right wrist strain, right breast contusion, right-sided greater trochanteric bursitis, bilateral knee osteoarthritis, and head

trauma with resultant vision problems with nausea, and depression. The request for authorization dated 04/07/2014 was for PRO-Tech multi-stimulator supplies; however, the rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRO-Tech multi-stimulator supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Neuromuscular electrical stimulation Page(s): 116, 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

Decision rationale: The MTUS guidelines does not recommend a tens unit as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence based functional restoration and other ongoing pain treatment including medication usage. It also states that the TENS unit is recommended for neuropathic pain including diabetic neuropathy and post-herpetic neuralgia. The guidelines recommend a treatment option for acute post-operative pain in the first thirty days post-surgery. The documents submitted indicated the injured worker was status-post of right shoulder surgery since 01/28/2014, the guidelines recommend the trial usage of the TENS unit to be utilized in the first 30 days for acute post-operative pain. In addition, the request submitted failed to indicate frequency, duration, and what location the TENS unit it required for the injured worker. Given the above, the request for PRO-Tech multi-stimulator supplies is not medically necessary.