

Case Number:	CM14-0072125		
Date Assigned:	07/28/2014	Date of Injury:	11/22/2012
Decision Date:	08/28/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/19/2014

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 Preventative Medicine 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:

According to the records made available for review, this is a 48-year-old female with an 11/22/12 date of injury. At the time (5/12/14) of the Decision for 6 months rental of transcutaneous electrical nerve stimulation/electronic muscle stimulator (TENS/EMS) unit, there is documentation of subjective (neck pain and spasm with numbness and tingling of the right upper extremity, right shoulder pain with spasm, right elbow and bilateral wrist pain, low back pain and spasm with numbness and tingling to the bilateral lower extremities. Records show bilateral knee /ankle pain and spasm along with stress, anxiety, depression, and insomnia. Objective: cervical tenderness in multiple areas, trigger points, decreased range of motion, positive cervical distraction and compression, right shoulder has tenderness multiple areas with trigger points, and decreased range of motion. Also reported positive's for Neer's, Kennedy Hawkins, and Speed's tests. The right elbow has tenderness at the medial and lateral epicondyle, positive Cozen's and Tinel's sign. There is tenderness at the carpal tunnel, first dorsal extensor compartment and triangular fibrocartilage complex as well as spasm and trigger point at the right PSIS (posterior superior iliac spine), sciatic notch tenderness and positive Tripod findings. Current diagnoses sprain of wrist not otherwise specified, and treatment to date medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) months rental of Transcutaneous Electrical Nerve Stimulation/Electronic Muscle Stimulator (TENS/EMS) Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation devices (NMES).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS), page(s) 113-117 and on Neuromuscular Electrical Stimulation, page(s) 121 Page(s): 13-117; 121.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed. A statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS, as criteria necessary to support the medical necessity of a month trial of a TENS unit. In addition, MTUS Chronic Pain Medical Treatment Guidelines states that neuromuscular electrical stimulation (NMES) is not recommended. Furthermore, MTUS Chronic Pain Medical Treatment Guidelines states that NMES is primarily used as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. Therefore, based on guidelines and a review of the evidence, the request for 6 months rental of transcutaneous electrical nerve stimulation/electronic muscle stimulator (TENS/EMS) unit is not medically necessary.