

Case Number:	CM14-0076759		
Date Assigned:	09/05/2014	Date of Injury:	10/26/2009
Decision Date:	10/08/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/27/2014

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 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 injured worker is a 64-year-old female who reported an injury after she tripped on a bed comforter and hurt her left arm and elbow. The clinical note dated 07/30/2014 indicated diagnoses of brachial neuritis or radiculitis, other mononeuritis of upper limb other specified disorders of bursae and tendons. The injured worker reported elbow and shoulder pain. The injured worker complained of chest pain and was instructed to be seen as soon as possible. She reported severe complaints of pain and was admitted with apparent cardiac workup. The injured worker was still in process, she was started on furosemide and metoprolol. The injured worker was recommended to discontinue corticosteroid injections and continued with shortness of breath and hypertension. The injured worker reported her shoulder continued to bother her and was taken off ibuprofen. On physical examination, there was guarding with range of motion of the left elbow, left shoulder range of motion revealed active abduction of 90, passive abduction of 110, and forward flexion of 110. The injured worker's shoulder and elbow continued to bother her, but the treatment was currently limited by her cardiac workup in progress. The injured worker's prior treatments included diagnostic imaging, physical therapy, and medication management. The injured worker's medication regimen included Motrin, furosemide and metoprolol. The provider submitted a request for home TENS device for purchase. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home TENS (transcutaneous electrical nerve stimulation) Device for Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The request for Home TENS Device for Purchase is not medically necessary. The California MTUS guidelines for the use of TENS unit requires chronic intractable pain documentation of at least a three month duration. There needs to be evidence that other appropriate pain modalities have been tried (including medication) and failed. A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. Form-fitting TENS device: This is only considered medically necessary when there is documentation that there is such a large area that requires stimulation that a conventional system cannot accommodate the treatment, that the patient has medical conditions (such as skin pathology) that prevents the use of the traditional system, or the TENS unit is to be used under a cast (as in treatment for disuse atrophy). The injured worker's request for home TENS device for purchase was modified 05/14/2014, 30 day rental, however, there is lack of documentation of functional improvement to include how often the unit was used as well as outcomes in terms of pain relief and function. Therefore, the request for Home TENS Device for Purchase is not medically necessary.