

Case Number:	CM14-0082976		
Date Assigned:	07/21/2014	Date of Injury:	05/23/2005
Decision Date:	08/26/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	06/04/2014

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, has a subspecialty in Pain 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:

The injured worker is a 51-year-old female who reported an injury on 05/23/2005. The mechanism of injury was not provided for review. Prior treatments include medications, surgery, physical therapy and the use of a transcutaneous electrical nerve stimulation (TENS) unit as well as acupuncture. Her diagnoses were noted to be adhesive capsulitis of shoulder, carpal tunnel syndrome and lateral epicondylitis. An evaluation on 05/01/2014 notes the injured worker with complaints of joint pain at the bilateral arms, elbows, hands and wrists. The injured worker rates pain at a 7/10 to 9/10 in the left elbow, right hand and wrist. She reported improvement in the left elbow following acupuncture treatments. The injured worker continues to describe shoulder pain located at the left side. She indicates that the symptoms are constant with pain that varies from an 8/10 to 10/10, worse with activity of the left upper extremity. She continued to report that pain radiated into her left neck and down her left arm. The encounter did not include a physical exam. A physical exam on 04/28/2014 indicated limited range of motion in the left shoulder of flexion was to 95 degrees, abduction was to 45 degrees, internal rotation behind the body was limited to 50 degrees, and external rotation was limited to 65 degrees. She had a positive Hawkins test and a positive Neer's test. Her shoulder crossover test was positive. Upon palpation, tenderness was noted in the acromioclavicular joint; tenderness was noted in the biceps groove. Tenderness was noted in the periscapular muscles and in the rhomboids, and tenderness was noted in the subdeltoid bursa and trapezius muscles. The treatment plan on the exam on 05/01/2014 was to continue with acupuncture. The provider's rationale for the request was not provided within the documentation. A Request for Authorization for Medical Treatment was not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a dual channel 4 electrode, 4 mode and timer TENS unit for the Left Shoulder:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation), chronic pain Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not recommend transcutaneous electrical nerve stimulation as a primary treatment modality. However, 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. The guidelines state that a 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation as to why this is necessary. The treatment plan must include specific short and long-term goals of treatment with a TENS unit. The documentation must provide pain modalities that have been tried and failed, including medications; and finally, the documentation must report at least three months of pain. The documentation submitted for review does not meet the criteria recommended by the guidelines for the use of a TENS unit. Therefore, the request for the purchase of a dual channel 4 electrodes 4 modes and time TENS unit for the left shoulder is not medically necessary.