MAXIMUS Federal Services

Case Number:	CM14-0085229		
Date Assigned:	07/23/2014	Date of Injury:	11/13/2013
Decision Date:	09/24/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/06/2014

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 Family 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 40 year old male who sustained an injury to his right upper extremity on 11/13/13 while sleeping in the cargo bed of his delivery truck while his coworker was driving. His coworker asked him to drive and when they were switching positions, when the other driver lost control of the trailer, causing the trailer to turn over. The injured worker was thrown to the right side of the truck and his right upper extremity went out the window. The injured worker reported feeling sharp neck pain, upper back pain, mid back pain, low back pain and right upper extremity pain. The injured worker was taken to the emergency department and plain radiographs of the right upper extremity were performed. Right arm laceration was repaired and the injured worker was discharged from the hospital. The injured worker underwent course of physical therapy. The injured worker continued to complain of constant right shoulder pain located over the scapular aspect of the shoulder radiating into the neck, upper back, and down the arm to the hand 2-6/10 visual analog scale. The physical examination noted tenderness to palpation along the right trapezius muscle; range of motion flexion 140 degrees, extension 30 degrees, abduction 140 degrees, adduction 40 degrees, and internal rotation 70 degrees, external rotation 70 degrees. The injured worker was diagnosed with internal derangement of the right shoulder and recommended transcutaneous electrical nerve stimulation unit trial for 30 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit trial for 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-16. Decision based on Non-MTUS Citation TENS, chronic pain (transcutaneous electrical nerve stimulation).

Decision rationale: A transcutaneous electrical nerve stimulation (TENS) unit may be considered as a non-invasive conservative option, if used as an adjunct to evidence based functional restoration program, for the following conditions: neuropathic pain including diabetic neuropathy, post-herpetic neuralgia, Complex Regional Pain Syndrome, phantom limb pain, spasticity or multiple sclerosis and that while TENS may reflect the long lasting accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long term effectiveness. There was no indication that the injured worker was actively participating in a home exercise program. Several published evidence based assessments of TENS have found that evidence is lacking concerning effectiveness. Given this, the request for TENS unit trial for 30 days is not indicated as medically necessary.