

Case Number:	CM14-0098858		
Date Assigned:	07/28/2014	Date of Injury:	07/05/2013
Decision Date:	08/29/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	06/27/2014

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 Orthopaedic Surgery 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:

This 54-year-old male laborer sustained an industrial injury on 7/5/13. Injury occurred when the patient fell from a 2-story ladder. He underwent open reduction and internal fixation of a left humerus fracture. There was a delay in fracture healing requiring bone growth stimulator. The 5/12/14 treating physician report cited grade 5/10 upper back pain, constant grade 6/10 left shoulder pain, and intermittent grade 4/10 left wrist and grade 7/10 left hand pain. Pain was decreased with rest, activity modification, and Norco. Cervical exam documented moderate loss of range of motion, negative orthopedic testing, intact reflexes and sensation, and global 2+/5 upper extremity strength. Left shoulder exam documented left acromioclavicular joint, deltoid and upper arm tenderness. There was moderate to marked loss of range of motion, positive impingement and apprehension sign, crepitus, and positive empty can test. There was positive cubital Tinel's and tenderness to palpation over the left lateral epicondyle. Left wrist exam documented no atrophy, global tenderness to palpation, mild loss of range of motion, decreased right grip sensation, and positive carpal Tinel's and Finkelstein's tests. He was unable to make a fist. The treatment plan recommended functional restoration 1x6, additional imaging, TENS/multi-stim/interferential unit, hot/cold pack/wrap, deep vein thrombosis compression system, and transdermal compounds. The 6/20/14 utilization review denied the request for a TENS-EMS unit as there was no indication of the body part to be treated and lacking guideline support for interferential current.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prime Dual Stimulator (TENS-EMS unit), 1 month trial, body part not specified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTROTHERAPY Page(s): 114-121.

Decision rationale: The California MTUS guidelines for transcutaneous electrotherapy recommend a 30-day TENS unit trial for chronic intractable pain when there is evidence that other appropriate pain modalities had been tried and failed. Interferential current therapy is not recommended as an isolated intervention as there is no quality evidence of effectiveness. Neuromuscular electrical stimulation is not recommended as there is no evidence to support its use in chronic pain. Guideline criteria have not been met. The specific body part to be treated with this unit is not identified. There is no evidence that other pain modalities have been tried and failed. Norco is specifically reported as beneficial. If one or more of the individual modalities provided by this multi-modality unit is not supported, then the unit as a whole is not supported. Guidelines do not support the use of NMES for chronic pain or interferential current as an isolated intervention. Therefore, this request for a Prime Dual Stimulator (TENS-EMS unit), 1 month trial, body part not specified, is not medically necessary.