

Case Number:	CM13-0041905		
Date Assigned:	06/20/2014	Date of Injury:	10/17/2012
Decision Date:	02/03/2015	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/16/2013

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 Anesthesiology, has a subspecialty in Acupuncture and 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 49 year old male who sustained a work related injury on 10/17/2012. The injured worker stated he was working through a labor agency and was assigned to a painting job, while performing his duties he was attempting to catch a falling ladder when he was forcefully pulled backwards as a result developed severe pain in the left shoulder which extended to his forearm and into his left thumb and index finger. Diagnoses consist of: chronic left shoulder strain, pain in the limb, brachial plexus lesions, neck pain syndrome cervicobrachial, pain psychogenic NEC, and long -term use meds. Treatments have included: medications, physical therapy, electrical therapy, home exercise program and magnetic resonance imaging (MRI) 11/19/2012. The injured worker underwent a bicep tendon repair 03/2013. The injured worker completed 3 weeks of functional restoration program dates were not documented in the clinical records submitted for review. The most recent physician follow up visit note dated 10/30/2013 the physician documented that the injured worker continues to be symptomatic with complaints of left shoulder pain, tingling in his hands, and limited range of motion. The injured worker's work status is documented as restricted with lifting, rigorous grasping, and repetitive left hand motion and restricted to work above the left shoulder. This is a request for decision for tens unit supplies (pads) 30 day supply the reason given was the injured worker was running out of pads and supplies. On 10/01/2013 utilization review non-certified the request for the tens unit supplies (pads) 30 day supply. CA MTUS guidelines were not established; in this case documentation of how often the unit was used, as well as outcomes in terms of pain relief and function or a plan for use or the outcome of the use of date was not included for review. Therefore, the use of electrical stimulation has not been documented as medically necessary, the tens unit supplies (pads) 30 day supply was recommended for non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit supplies (pads) 30 day supply: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines do not recommend TENS as a primary treatment modality, but support consideration of a one-month home-based TENS trial used as an adjunct to a program of evidence-based functional restoration. Furthermore, criteria for the use of TENS includes pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a documented one-month trial period stating how often the unit was used, as well as outcomes in terms of pain relief and function. The documentation submitted for review indicates that the injured worker has been utilizing TENS unit since July with benefit and overall improved function. He has failed conservative treatment including physical therapy, HEP, and oral medications. He has also undergone NCFRP but continues to remain symptomatic. Given the positive benefits from the TENS unit, the request is medically necessary.