

Case Number:	CM14-0146534		
Date Assigned:	09/15/2014	Date of Injury:	04/22/2014
Decision Date:	04/23/2015	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/09/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 37-year-old who has filed a claim for chronic shoulder, arm, and elbow pain reportedly associated with an industrial injury of April 26, 2014. In a Utilization Review Report dated August 19, 2014, the claims administrator failed to approve a request for a TENS-EMS device. The claims administrator referenced a June 24, 2014 RFA form in its determination. The applicant's attorney subsequently appealed. In a June 24, 2014 progress note, the applicant was apparently prescribed and/or dispensed topical compounded medications, oral suspensions, extracorporeal shockwave therapy, a hot and cold unit, and a multimodality transcutaneous electrotherapy device. The applicant did not appear to be working at this point in time. 7/10 multifocal pain complaints were reported. On August 12, 2014, the applicant was, in fact, placed off of work, on total temporary disability, despite seeming receipt of the TENS-EMS device in question.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prime Dual -- TENS/EMS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Electrical Stimulators (E-Stim); Neuromuscular Stimulator (NMES); TENS, Chronic Pain (Transcutaneous Electrical Nerve Stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices); Criteria for the use of TENS Page(s): 121; 116.

Decision rationale: No, the TENS-EMS device was not medically necessary, medically appropriate, or indicated here. One of the modalities in the device is electrical muscle stimulation (EMS), a subset of neuromuscular electrical stimulation or NMES. However, page 121 of the MTUS Chronic Pain Medical Treatment Guidelines note that neuromuscular electrical stimulation or NMES is not recommended outside of the post-stroke rehabilitative context. Page 121 of the MTUS Chronic Pain Medical Treatment Guidelines recommends against usage of NMES in the chronic pain context present here. Page 116 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that a TENS unit should only be employed on a purchase basis in applicants who have had a favorable outcome during an earlier one-month trial of the same. Here, however, the attending provider did seemingly dispense the unit in question without having the applicant first undergo a trial of the same. Therefore, the request was not medically necessary.