

Case Number:	CM14-0189253		
Date Assigned:	11/17/2014	Date of Injury:	09/26/2011
Decision Date:	01/07/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/10/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 female worker was injured at work on 09/26/2011. She had shoulder surgery in 2014, and this was followed by post-surgical therapy. The physical examination revealed tenderness in the scapula and shoulder areas; normal range of motion of the right elbow, mild to moderate tenderness of the lateral epicondyle, pain with resisted extension. The worker has been diagnosed of joint pain, Lateral epicondylitis, postsurgical states NEC, carpal tunnel syndrome, Shoulder region disc NEC. Current treatments include Motrin, Valium, Ultram, Lidoderm patch, and Percocet Voltaren Gel. At dispute is the request TENS Unit Purchase with Six month supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit Purchase with Six month supplies: Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on 09/26/2011. The medical records provided indicate the diagnosis of joint pain, Lateral epicondylitis, postsurgical states NEC, carpal tunnel syndrome, Shoulder region disc NEC. Current treatments include

Motrin, Valium, Ultram, Lidoderm patch, and Percocet Voltaren Gel. The medical records provided for review do not indicate a medical necessity for TENS Unit Purchase with Six month supplies. The MTUS does not recommend the use of TENS unit as a primary treatment modality. When indicated, the guideline recommends a trial of one-month home-based TENS as an adjunct to a program of evidence-based functional restoration. The recommended conditions include: Complex regional pain syndrome II; neuropathic pain, like diabetic neuropathy, and post-herpetic neuralgia; phantom limb pain; and spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. The requested treatment is not medically necessary and appropriate because: 1. the injured worker has not been diagnosed of any of the indicated conditions, 2. There is no indication there was a month rental trial phase, 3. There is no indication the injured worker is involved in any form of functional restoration program.