

Case Number:	CM14-0199356		
Date Assigned:	12/09/2014	Date of Injury:	10/25/2006
Decision Date:	01/28/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/26/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 is a 55-year-old female with a 10/25/06 date of injury. According to a progress report dated 10/8/14, the patient stated that medications were helping reduce pain and increasing his range of motion. The patient was attending therapy and stated that she did not know if therapy was helping as she had just started. She had constant neck pain, rated as a 2-3. She also stated there was popping in her neck and tingling and numbness in the right arm and into the last 3 fingers. Her right shoulder pain continued and felt inflamed and tender to touch, rated at a 6/10. Her lower back pain was rated as a 4-5/10. The pain radiated into the buttock and right leg with severe right hip pain. Diagnostic impression: left knee medial and lateral meniscus tear, left knee internal derangement, musculoligamentous sprain of cervical and lumbar spine, internal derangement of right shoulder, carpal tunnel syndrome of bilateral wrist, status post arthroscopy of right shoulder, status post surgical repair of rotator cuff. Treatment to date: medication management, activity modification, physical therapy, and surgery. A UR decision dated 10/31/14 denied the request for TENS unit 30 day rental. The records do not indicate a history of neuromuscular disease that would require electrical stimulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit 30 day trial: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2
TENS Unit Page(s): 114-116.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. Criteria for the use of TENS unit include Chronic intractable pain - pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. The patient is noted to have previously used a TENS unit with benefit. However, in the present case, there is no documentation in the reports reviewed addressing any failure of conservative therapy. In fact, it is noted that medications beneficial and that physical therapy had just been initiated, and it was too early to determine if physical therapy was helpful. In addition, there is no information as to how the TENS unit is to be used, for which location, over what period of time daily and who will be monitoring the progress. Furthermore, there is no documentation that the TENS unit requested would be used as an adjunct to a program of evidence-based functional restoration. Therefore, the request for TENS unit 30 day trial Is not medically necessary.