

Case Number:	CM14-0205770		
Date Assigned:	12/17/2014	Date of Injury:	08/20/2013
Decision Date:	02/05/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/09/2014

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. The expert reviewer is Board Certified in Physical Medicine Rehab 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 patient sustained an injury on 8/20/13. Request(s) under consideration include 30 day rental of a TENS unit. Diagnoses include cervical spine sprain/strain with right upper extremity radiculitis with 2mm disc bulge at C3-5 with mild effacement of anterior thecal sac; right shoulder strain/ tendinitis/ small supraspinatus tendon tear/ subacromial subdeltoid bursitis; right forearm strain/dynamic cubital tunnel syndrome; right wrist sprain/ mild carpal tunnel syndrome; lumbar spine sprain/strain with bilateral SI joint sprain post right pelvic fractures. Conservative care has included medications, therapy, home exercise, and modified activities/rest. MRI of right shoulder showed supraspinatus rotator cuff tear. Report from the provider noted chronic ongoing symptoms. Exam showed right shoulder with restricted range; tenderness over supraspinatus tendon, greater tuberosity and biceps tendon; crepitus; muscle strength 4/5. Treatment was for right shoulder arthroscopy, decompression, debridement and distal clavicle resection; post-op therapy; CPM and post-op Surgi-Stim unit. Although the surgery has been authorized, the TENS unit was denied. The request(s) for 30 day rental of a TENS unit was non-certified on 11/21/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 day rental of a TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Transcutaneous Electrotherapy, TENS for chronic pain Page(s): 114-117.

Decision rationale: This patient sustained an injury on 8/20/13. Request(s) under consideration include 30 day rental of a TENS unit. Diagnoses include cervical spine sprain/strain with right upper extremity radiculitis with 2mm disc bulge at C3-5 with mild effacement of anterior thecal sac; right shoulder strain/ tendinitis/ small supraspinatus tendon tear/ subacromial subdeltoid bursitis; right forearm strain/dynamic cubital tunnel syndrome; right wrist sprain/ mild carpal tunnel syndrome; lumbar spine sprain/strain with bilateral SI joint sprain post right pelvic fractures. Conservative care has included medications, therapy, home exercise, and modified activities/rest. MRI of right shoulder showed supraspinatus rotator cuff tear. Report from the provider noted chronic ongoing symptoms. Exam showed right shoulder with restricted range; tenderness over supraspinatus tendon, greater tuberosity and biceps tendon; crepitus; muscle strength 4/5. Treatment was for right shoulder arthroscopy, decompression, debridement and distal clavicle resection; post-op therapy; CPM and post-op Surgi-Stim unit. Although the surgery has been authorized, the TENS unit was denied. The request(s) for 30 day rental of a TENS unit was non-certified on 11/21/14. Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in adjunct to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has chronic shoulder condition and has received extensive conservative medical treatment to include chronic analgesics and other medication, extensive therapy, activity modifications, and previous TENS trial yet the patient has remained symptomatic and functionally impaired. There is no documentation on how or what TENS unit is requested, nor is there any documented short-term or long-term goals of treatment with the TENS unit. Although the patient has utilized the TENS unit for some time, there is no evidence for change in functional status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the TENS treatment already rendered. The 30 day rental of a TENS unit is not medically necessary and appropriate.