

Case Number:	CM14-0208551		
Date Assigned:	12/22/2014	Date of Injury:	04/18/1999
Decision Date:	02/20/2015	UR Denial Date:	12/06/2014
Priority:	Standard	Application Received:	12/12/2014

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 64-year-old female with a date of injury on 04/18/1999. Documentation from 09/12/2014 indicated that the injured worker sustained a trauma injury to the cervical spine, right shoulder, right wrist, right hand, and right index finger. Documentation from 09/12/2014 indicated the diagnoses of multilevel cervical degenerative disc disease/spondylosis through cervical three to cervical seven per magnetic resonance scan on 01/11/2000; status post anterior cervical discectomy and fusion with instrumentation from cervical five through cervical seven on 03/23/2010; status postoperative cervical discectomy and fusion with instrumentation revision cervical five through cervical seven 07/13/2010; status post cervical spine anterior fusion at cervical four to five with removal of instrumentation at cervical five through cervical seven 11/6/2011; status post right shoulder arthroscopic subacromial decompression 01/2009; partial right rotator cuff tear, moderate tendinopathy, and rotator cuff impingement per magnetic resonance imaging on 06/04/2009; status post right shoulder arthroscopic subacromial decompression and debridement of superior labrum anterior and posterior (SLAP) lesion 07/15/2009; right shoulder tendinopathy with focal interstitial tear, moderate to severe acromioclavicular joint osteoarthritis with joint effusion and hypertrophic changes, and mild osteoarthritis to the glenohumeral joint per magnetic resonance imaging on 08/19/2014; status post linear fracture versus status post non-displaced comminuted distal tuft fracture of the right index finger; status post laceration with amputation of fingertip soft tissue to the right index finger, sutured 04/18/1999; and status post right carpal tunnel release with flexor tenosynovectomy, ulnar nerve decompression, and distal index finger

reconstruction 11/04/1999. Subjective findings from 09/12/2014 indicated constant right index finger pain that radiates to the hand and wrist which increases with touching objects or typing, but is relieved with medication and ice. The injured worker also has complaints of low back pain that radiates across the back down the lower extremities to the knees with numbness and tingling to bilateral feet. The pain is noted to increase with walking and is relieved with medication and ice. Physical examination from this date was remarkable for tenderness upon palpation to the right axillary area and over the flexor muscle mass bilaterally. Physician documentation noted that the injured worker had difficulty with squatting secondary to significant muscle weakness. The injured worker was also notable for decreased sensation to the bilateral legs, and a decreased range of motion to the right shoulder. On 09/12/2014, the evaluating physician referenced an electrodiagnostic evaluation performed on 12/21/2009 that revealed left carpal tunnel syndrome. Prior treatments offered to the injured worker included use of a cane, use of a back brace, use of a transcutaneous electrical nerve stimulation unit, ice therapy, physical therapy, and a medication history of MS Contin, use of nonsteroidal anti-inflammatories, Depakote, Abilify, Wellbutrin, Diazepam, Norco, Celebrex, Lyrica, and Hydroxyzine. While documentation indicated that physical therapy treatments was provided, there was no documentation of quantity, treatment plan, or results of prior physical therapy visits. Physician documentation on 09/12/2014 indicated the injured worker's symptoms were exacerbated by activities of daily living such as grooming hair, bathing, preparing meals, brushing teeth, swallowing food, lifting, bending/twisting of the neck and back, pushing/pulling, lifting arms overhead, kneeling, squatting, crawling, climbing stairs, typing/writing, sitting longer than an hour at a time, and standing/walking longer than an hour at a time. A medical record dated 09/12/2014, noted the injured worker to be permanent and stationary as of 10/2012, and was noted by the evaluating physician to have reached Maximal Medical Improvement. On 12/05/2014, Utilization Review non-certified the prescription of one transcutaneous electrical nerve stimulation tens unit for joint stimulation with built in transcutaneous electrical nerve stimulation feature between 10/28/2014 and 02/02/2015. The transcutaneous electrical nerve stimulation unit was noncertified based on Tens, Chronic Pain (Transcutaneous electrical nerve stimulation) noting that this type of treatment is not recommended as a primary treatment modality, but a one month trial of a home based unit may be recommended as a noninvasive conservative option if used with functional restoration program for chronic pain conditions that cause neuropathic pain, complex regional pain syndrome, phantom limb pain, spasticity in the spinal cord, and multiple sclerosis. The Utilization Review noted that the documentation provided lacked an indication of any of the acceptable above listed conditions for a trial of tens to be recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS for joint stimulation with built in TENS feature: 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 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 was treated with TENS unit in the past, which was noted to have helped, however, there was no documentation of one-month trial nor documentation regarding usage and outcomes in terms of pain and relief function. Therefore, this request is not medically necessary.