

Case Number:	CM14-0073531		
Date Assigned:	07/16/2014	Date of Injury:	08/01/2011
Decision Date:	01/27/2015	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/20/2014

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 Occupational Medicine, 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic ankle, shoulder, and leg pain reportedly associated with an industrial injury of August 1, 2011. In a Utilization Review Report dated May 7, 2014, the claims administrator failed to approve request for TENS unit patches and omeprazole. The claims administrator referenced a progress note of April 28, 2014, in its denial. The claims administrator noted that the applicant was status post left shoulder surgery in January 2013 and right shoulder surgery in January 2012. The claims administrator posited that the applicant was pending a carpal tunnel release surgery on May 7, 2014. The applicant's attorney subsequently appealed. In the IMR application, however, the applicant's attorney seemingly listed the TENS unit patches alone. On April 20, 2014, the applicant reported ongoing complaints of hand and wrist pain. The applicant was using a TENS unit. The applicant was having issues with multiple spasms. The applicant was still working despite ongoing pain complaints, it was noted. The applicant reported ongoing complaints of upper extremity paresthesias. The applicant was asked to continue Naprosyn, Lidoderm, tramadol, and Prilosec. TENS unit patches were endorsed. The applicant was apparently returned to work at a rate of 8 hours a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Patches times 2: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of TENS topic, TENS, Postoperative Pain topic Page(s): 116.

Decision rationale: As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of a TENS unit beyond an initial one-month trial should be predicated on evidence of a favorable outcome during said one-month trial, in terms of both pain relief and function. Here, the requesting provider has suggested that previous use of TENS unit has attenuated the applicant's pain complaints and, per the attending provider, reportedly facilitated the applicant's return to work, with restrictions, at a rate of 8 hours a day. The applicant was only using relatively weak analgesic medications, such as tramadol on progress note of April 28, 2014, implying that ongoing usage of the TENS unit and associated patches was, in fact, successful. The applicant, furthermore, was pending carpal tunnel release surgery reportedly scheduled for May 7, 2014, both the claims administrator and attending provider seemingly suggested. Page 116 of the MTUS Chronic Pain Medical Treatment Guidelines further espouses a role for TENS unit as a treatment option for acute postoperative pain in first 30 days following surgery. Thus, the TENS unit patches at issue were indicated for the applicant's chronic shoulder pain and/or postoperative carpal tunnel syndrome-related pain. Therefore, the request was medically necessary.