

Case Number:	CM15-0001482		
Date Assigned:	01/12/2015	Date of Injury:	12/11/2012
Decision Date:	03/09/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/05/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 46-year-old female who reported an injury on 12/11/2012. The injured worker was reportedly carrying a heavy stack of blankets when she felt a cracking pain in her right hand. Current diagnoses include moderately severe right scapular trigger point tendonitis, impingement syndrome of the right shoulder, minimal dorsal wrist synovitis/tendonitis, minimal cervical radiculitis, and chronic cervical degenerative disc disease. The injured worker was evaluated on 06/23/2014 with complaints of upper back and shoulder pain. The injured worker also reported intermittent neck pain. The current medication regimen includes Flexeril and tramadol. Upon examination, there was limited cervical range of motion, paracervical tenderness to palpation, slight muscle spasm, limited right lateral rotation at 50 degrees, tenderness over the subacromial bursa and bicipital tendon on the right side, slight tenderness of the AC joint on the right, slight pain and crepitation with circumduction, positive Neer impingement sign, exquisite tenderness in the scapular region, trigger points on the right side, and limited and painful abduction and forward flexion of the right shoulder, local tenderness over the dorsum of the right wrist, and 4+/5 weakness in the right upper extremity. Treatment recommendations at that time included a trial of acupuncture 2 times per week for 3 weeks, a TENS unit, an MRI of the cervical spine, and a prescription for Terocin pain patches. A Request for Authorization form was then submitted on 07/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 TENS Unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

Decision rationale: California MTUS Guidelines do not recommend transcutaneous electrotherapy as a primary treatment modality, but a 1 month home based trial may be considered as a noninvasive conservative option. There should be evidence that appropriate pain modalities have been tried and failed. A 1 month trial period should be documented. Rental is preferred over purchase during this trial period. According to the documentation provided, there was no mention of an attempt at previous conservative treatment prior to the request for a TENS unit. There is no documentation of a successful 1 month trial prior to the request for a unit purchase. Given the above, the request is not medically appropriate.