

Case Number:	CM15-0009077		
Date Assigned:	01/27/2015	Date of Injury:	06/26/2012
Decision Date:	04/14/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/15/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 36 year old female who sustained an industrial related injury on 6/1/12. The injured worker had complaints of neck, bilateral shoulder, left elbow, bilateral wrist, and bilateral hand pain. Treatment included a left shoulder open subacromial decompression surgery. Diagnoses included cervical spine disc bulge, cervical spine left sided C5-6 radiculopathy, left shoulder impingement syndrome, status post left shoulder subacromial decompression, status post left wrist dorsal ganglion cyst removal, and status post trigger release left thumb and index finger. The treating physician requested authorization for Orthostim # 4x1. On 12/17/14 the request was non-certified. The utilization review physician noted TENS units are not supported by high quality medical studies, but they may be useful in the initial conservative treatment of acute shoulder symptoms. In this case the injured worker is 2 years post injury. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthostim #4x1: 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 Page(s): 114-116.

Decision rationale: The MTUS Guidelines for Chronic Pain state that transcutaneous nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, however, the studies on TENS are inconclusive and evidence is lacking concerning effectiveness. The criteria for the use of TENS, according to the MTUS Guidelines, includes 1. Documentation of pain of at least 3 months duration, 2. Evidence that other appropriate pain modalities have been tried and failed, 3. Documentation of other pain treatments during TENS trial, 4. Documented treatment plan including the specific short and long-term goals of treatment with TENS, 5. Documentation of reasoning for use of a 4-lead unit, if a 4-lead unit is prescribed over a 2-lead unit. In the case of this worker, the requesting provider was recommended an Orthostim #4 device, which specifically has the capability of providing multiple modalities, including TENS, interferential, and pulsed direct current. It is not clearly indicated in the notes provided for review which modality the worker was to utilize on this unit. There is no indication that this worker required a unit with multiple modalities over one with a single modality. Also, there was no indication that this worker had trialed a any similar unit with success to justify a purchase on an Orthostim #4 or any other unit. Therefore, the Orthostim #4 will be considered medically unnecessary.