

Case Number:	CM15-0169278		
Date Assigned:	09/10/2015	Date of Injury:	04/09/2015
Decision Date:	10/13/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/27/2015

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

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 70 year old female, who sustained an industrial injury on 4-09-2015. The injured worker was diagnosed as having right shoulder joint pain, osteoarthritis of the bilateral knees, lumbar spondylosis, osteoarthritis of the right hip, and aseptic necrosis of the right hip. Treatment to date has included diagnostics, medications, and physical therapy (with E-stim). Currently (7-21-2015), the injured worker complains of pain in her bilateral knees, right hip, right shoulder, and low back. She reported that her left knee gives out and feels unstable. She found it hard to put dishes in the dishwasher and had to straighten her back at least ten times. It was documented that she "gets tens unit trial and finds it helpful". Physical exam noted decreased range of motion, tenderness and decreased strength in the right shoulder, tenderness in the right hip, tenderness in the bilateral knees, and decreased range of motion and tenderness in the lumbar spine. She received a right shoulder subacromial injection. Pool therapy was advised. Current medication regimen, if any, was not documented. Her work status noted "full work today". The treatment plan (per request for authorization dated 7-21-2015) included a transcutaneous electrical nerve stimulation unit for 30-day purchase, non-certified by Utilization Review on 7-29-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit for 30-day purchase: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: According to the CA MUTS guidelines, TENS, (transcutaneous electrical nerve stimulation) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for these conditions: Neuropathic pain, Phantom limb pain and CRPS II, Spasticity and Multiple sclerosis. The medical records noted that the injured worker is followed for chronic pain to multiple body parts. The injured worker is noted to be working. She has had prior use of this unit during therapy and has found it beneficial. The current subjective and objective findings support the request for a 30 day trial of this unit in an attempt to decrease pain and improve function. The request for TENS unit for 30 day purchase is medically necessary and appropriate.