

Case Number:	CM15-0169354		
Date Assigned:	09/10/2015	Date of Injury:	10/10/1998
Decision Date:	10/09/2015	UR Denial Date:	07/28/2015
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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 59 year old female, who sustained an industrial injury on 10-10-98. The injured worker was diagnosed as having persistent symptomatic recurrent rotator cuff tear with loss of range of motion and weakness, cervical spine sprain-strain, right upper extremity overuse syndrome right elbow lateral epicondylitis and right carpal tunnel syndrome. Treatment to date has included surgical repair of right rotator cuff complete tear, physical therapy, rest, anti-inflammatory medications and cortisone injection. (EMG) Electromyogram of upper extremities performed on 7-7-14 revealed moderate bilateral median sensorimotor demyelinating neuropathy across the wrists with moderate bilateral carpal tunnel syndrome. Currently on 5-22-15, the injured worker complains of right shoulder pain, rated 7 out of 10 described as frequent, aching and sharp; constant ache in low back with radiation to bilateral lower extremities and worsened with walking rated 5 out of 10, constant ache in cervical spine rated 6 out of 10 worsened with turning and intermittent right hand pain. She is currently not working. Physical exam of right shoulder performed on 5-22-15 revealed healed arthroscopic skin incisions, restricted range of motion of right shoulder and tenderness at subacromial bursa, acromioclavicular joint and bicipital groove. It is noted there is no change in physical exam since previous visit dated 4-8-15. A request for authorization was submitted on 5-14-15 for one-month trial of home based Neurostimulator transcutaneous electrical nerve stimulation (TENS) unit and on 5-25-15 for extended rental of a prime dual nerve stimulator transcutaneous electrical nerve stimulation (TENS) unit. On 7-28-15, utilization review non-certified requests for transcutaneous electrical

nerve stimulation (TENS) unit, noting supportable indications for the device were not established.

IMR ISSUES, DECISIONS AND RATIONALES

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

One month home-based trial of neurostimulator TENS/EMS: Upheld

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: This 59 year old female has complained of shoulder pain, cervical spine pain, right arm pain, elbow pain and wrist pain since date of injury 10/10/1998. She has been treated with surgery, physical therapy, steroid injection and medications. The current request is for a one month home-based trial of neurostimulator TENS/EMS. Per the MTUS guidelines cited above, the criteria for the use of TENS includes documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Additionally a rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. The available medical records do not document a recent physical examination, provider rationale for use of a TENS unit and a plan for a functional restoration program to be implemented in conjunction with a TENS trial. On the basis of the available medical records and per the MTUS guidelines cited above, a one month home-based trial of neurostimulator TENS/EMS is not medically necessary.

Extended rental of a prime dual nervestimulator TENS/EMS unit 6 months: Upheld

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: This 59 year old female has complained of shoulder pain, cervical spine pain, right arm pain, elbow pain and wrist pain since date of injury 10/10/1998. She has been treated with surgery, physical therapy, steroid injection and medications. The current request is for an extended rental of a prime dual nervestimulator TENS/EMS unit 6 months. Per the MTUS guidelines cited above, the criteria for the use of TENS includes documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried

(including medication) and failed , a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Additionally a rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. The available medical records do not document a recent physical examination, provider rationale for use of a TENS unit and a plan for a functional restoration program to be implemented in conjunction with a TENS trial. On the basis of the available medical records and per the MTUS guidelines cited above, a one month home-based trial of neurostimulator TENS/EMS is not indicated as medically necessary. Therefore, an extended rental of a prime dual nervestimulator TENS/EMS unit 6 months is also not medically necessary.