

Case Number:	CM15-0186428		
Date Assigned:	09/28/2015	Date of Injury:	08/18/2014
Decision Date:	11/06/2015	UR Denial Date:	08/30/2015
Priority:	Standard	Application Received:	09/22/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 40 year old male, who sustained an industrial injury on 8-18-2014. The injured worker was being treated for tear of the coracoclavicular ligament, acromioclavicular joint separation of the left shoulder, sprain of the coracoclavicular of the right shoulder, and hypertrophic acromioclavicular arthrosis scapular tear of the clavicle. Treatment to date has included diagnostics, physical therapy, modified work, and medications. Per the progress report dated 6-01-2015, the injured worker reports "doing pretty well", rating pain 0 out of 10 in his shoulders, upper back and neck. He reported that the transcutaneous electrical nerve stimulation unit was the "biggest help for reducing his pain." The frequency of use was not described. Examination of the bilateral shoulders showed range of motion improved from 4-30-2015 and grip strength "good." Medication use was not described. Documentation of Utilization Review, dated 2-25-2015, noted approval for 28 day rental GSMHD combo transcutaneous electrical nerve stimulation unit with HAN, along with 1 month supply of batteries and electrodes. Pain rating was 0 out of 10 "for the most part" on 2-13-2015, increased to 7 out of 10 on 3-04-2015 on 3-04-2015, noting that "he has been doing a little more work causing him some discomfort", and the need for a pain log regarding the transcutaneous electrical nerve stimulation unit was documented. On 4-02-2015, he rated his pain 0 out of 10 "today" and stated that the transcutaneous electrical nerve stimulation unit was "helping him tremendously", dropping his pain from 6-7 out of 10 to 2-3 out of 10. It was documented that "he has been keeping a log" and he reduced the amount of medications he was taking as well (unspecified). On 4-30-2015, he reported pain level 6 out of 10, noting that it goes up and down depending on the task. He

continued to report the transcutaneous electrical nerve stimulation unit as beneficial, reducing pain from 8-9 out of 10 to as low as 4 out of 10. Per the Request for Authorization dated 7-24-2015, the treatment plan included 1 GSMHD combo transcutaneous electrical nerve stimulation unit with HAN, 8 pairs of electrodes per month, and 6 AAA batteries per month. On 8-30-2015 Utilization Review non-certified 1 GSMHD combo transcutaneous electrical nerve stimulation unit with HAN, 8 pairs of electrodes per month, and 6 AAA batteries per month.

IMR ISSUES, DECISIONS AND RATIONALES

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

GSMHD combo TENS (transcutaneous electrical nerve stimulation) with HAN: 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: The injured worker sustained a work related injury on 8-18-2014. The medical records provided indicate the diagnosis of coracoclavicular ligament, acromioclavicular joint separation of the left shoulder, sprain of the coracoclavicular of the right shoulder, and hypertrophic acromioclavicular arthrosis scapular tear of the clavicle. Treatments have included physical therapy, modified work, and medications. The medical records provided for review do not indicate a medical necessity for GSMHD combo TENS (transcutaneous electrical nerve stimulation) with HAN. The MTUS guidelines for the use of TENS unit recommends a 30 day rental of TENs unit as an adjunct to evidence based functional restoration following three months of ongoing pain and lack of benefit with other modalities of treatment. During this period, there must be a documentation of short and long term goals, the benefit derived from the equipment, as well as a documentation of how the machine was used. Also, the guideline recommends the use of two electrode unit rather than the four electrodes. TENS unit has been found useful in the treatment of Neuropathic pain: Phantom limb pain and CRPS II; and Spasticity. The medical records indicate the injured worker has been using TENs unit since 04/2015 with significant benefit, but due to an exacerbation of the pain, a request was made for this device in addition with physical medicine measures and NSAIDs. Although the previous use of this device provided significant benefit the documentation did not follow the guidelines recommendations of documentation of short and long term goals, as well as a documentation of how the machine was used. The requested treatment is not medically necessary.

Electrodes, 8 pairs per month: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The injured worker sustained a work related injury on 8-18-2014. The medical records provided indicate the diagnosis of coracoclavicular ligament, acromioclavicular joint separation of the left shoulder, sprain of the coracoclavicular of the right shoulder, and hypertrophic acromioclavicular arthrosis scapular tear of the clavicle. Treatments have included physical therapy, modified work, and medications. The medical records provided for review do not indicate a medical necessity for Electrodes, 8 pairs per month. The MTUS guidelines for the use of TENS unit recommends a 30 day rental of TENS unit as an adjunct to evidence based functional restoration following three months of ongoing pain and lack of benefit with other modalities of treatment. During this period, there must be a documentation of short and long term goals, the benefit derived from the equipment, as well as a documentation of how the machine was used. Also, the guideline recommends the use of two electrode unit rather than the four electrodes. TENS unit has been found useful in the treatment of Neuropathic pain: Phantom limb pain and CRPS II; and Spasticity. The medical records indicate the injured worker has been using TENS unit since 04/2015 with significant benefit, but due to an exacerbation of the pain, a request was made for the GSMHD combo TENS unit in addition with the batteries and electrodes needed to operate the machine. Although the previous use of the TENS unit provided significant benefit the documentation did not follow the guidelines recommendations of documentation of short and long term goals, as well as a documentation of how the machine was used. The requested treatment is therefore not medically necessary, and as a result, the electrodes are not necessary.

AAA batteries, Qty 6 per month: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The injured worker sustained a work related injury on 8-18-2014. The medical records provided indicate the diagnosis of coracoclavicular ligament, acromioclavicular joint separation of the left shoulder, sprain of the coracoclavicular of the right shoulder, and hypertrophic acromioclavicular arthrosis scapular tear of the clavicle. Treatments have included physical therapy, modified work, and medications. The medical records provided for review do not indicate a medical necessity for AAA batteries, Qty 6 per month. The MTUS guidelines for the use of TENS unit recommends a 30 day rental of TENS unit as an adjunct to evidence based functional restoration following three months of ongoing pain and lack of benefit with other modalities of treatment. During this period, there must be a documentation of short and long term goals, the benefit derived from the equipment, as well as a documentation of how the machine was used. Also, the guideline recommends the use of two electrode unit rather than the four electrodes. TENS unit has been found useful in the treatment of Neuropathic pain: Phantom limb pain and CRPS II; and Spasticity. The medical records indicate the injured worker has been using TENS unit since 04/2015 with significant benefit, but due to an exacerbation of the pain, a request was made for the GSMHD combo TENS unit in addition with the batteries and electrodes needed to operate the machine. Although the previous use of the TENS unit provided significant benefit the documentation did not follow the guidelines recommendations of documentation of short and long term goals, as well as a documentation of how the machine was used. The requested treatment is therefore not medically necessary, and as a result, the batteries are not necessary.