

Case Number:	CM15-0187085		
Date Assigned:	09/29/2015	Date of Injury:	04/04/2014
Decision Date:	11/18/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/23/2015

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

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 44 year old male sustained an industrial injury on 4-4-14. Documentation indicated that the injured worker was receiving treatment for the injured worker underwent left shoulder arthroscopy with subacromial decompression (3-11-15), right distal biceps tendon repair (undated) right distal biceps revision repair on 6-24-15 and decompression of the right medial nerve and tenolysis of the right distal biceps tendon on 7-26-15. The injured worker received postoperative physical therapy and medications. In the most recent documentation submitted for review, a PR-2 dated 8-27-15, the injured worker reported that he had sustained further injury to his left elbow since his last office visit with acute onset left elbow pain and popping. The injured worker complained of increased pain overall and was most comfortable with his elbow in a flexed position. Straightening the elbow caused a "great deal" of pain. The injured worker reported that he was doing well in regards to the right upper extremity with definite improvement following surgery. Physical exam was remarkable for left upper extremity with diffuse swelling to the left elbow, tenderness to palpation to the biceps tendon, "exquisite" pain with passive pronation beyond 20 degrees and extension beyond 30 degrees and intact sensation and motor exam. The treatment plan included repeat magnetic resonance imaging left elbow. On 9-11-15, a request for authorization was submitted for the purchase of a transcutaneous electrical nerve stimulator unit with HAN programming for the shoulder. On 9-16-15, Utilization Review noncertified a request for Combo TENS with HAN programming purchase along with monthly supplies of eight (8) pairs of electrodes and six (6) batteries directed to the shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Combo TENS with HAN programming purchase along with monthly supplies of eight (8) pairs of electrodes and six (6) batteries directed to the shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter.

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

Decision rationale: MTUS recommends a 1-month TENS trial as part of an overall functional restoration program for a neuropathic pain diagnosis. The records at this time do not document a neuropathic TENS diagnosis for which TENS would be indicated, nor do the records document an alternate rationale for this request. Therefore a TENS rental and associated supplies are not medically necessary.