

Case Number:	CM15-0187093		
Date Assigned:	09/28/2015	Date of Injury:	02/11/2015
Decision Date:	11/06/2015	UR Denial Date:	09/22/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 42-year-old female who sustained an industrial injury on 2-11-15 to her left forearm after turning a patient. She is currently working. The medical records indicate that the injured worker is being treated for partial distal biceps tear; elbow contracture; headache. She currently (9-11-15) complains of right shoulder pain with a pain level of 6 out of 10 without medications and increases to 7-8 out of 10 with increased activities of daily living; bicep pain with repetitive lifting and a pain level of 7-8 out of 10. On physical exam there was tenderness to palpation to the left shoulder and distal aspect of the left bicep without bulging deformity; increased pain with active range of motion or opposing light resistance. Diagnostics include MRI of the left elbow (3-26-15) with abnormalities; MRI of the left arm (3-27-15) showing a partial tear of the left bicep. Treatments to date include physical therapy with good benefit; acupuncture with benefit; elbow support; medication: ibuprofen; transcutaneous electrical nerve stimulator unit. Per the 8-18-15 progress note the injured worker has a transcutaneous electrical nerve stimulator unit but "she will undergo a trial to see which one is more beneficial for her". On 9-11-15 she was instructed in the use of transcutaneous electrical nerve stimulator unit and patches placed on the right shoulder for 15 minutes with reported right shoulder pain reduced from 6 out of 10 to 4 out of 10 with increased range of motion and decreased muscle spasms. The transcutaneous electrical nerve stimulator unit trial was successful and she was sent home with the unit. The request for authorization dated 9-11-15 was for transcutaneous electrical nerve stimulator unit trial for home use. On 9-22-15, Utilization Review, non-certified the request for transcutaneous electrical nerve stimulator unit trial for in-home use with date of service 9-11-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective transcutaneous electrical nerve stimulation (TENS) unit trial in-home use (DOS: 9/11/15): 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 claimant sustained a work injury in February 2015 and is being treated for left upper extremity pain with a partial biceps tear after turning a patient. She was seen on 08/15/15. Prior treatments had included physical therapy and there had been benefit from 8-10 treatments. There also had been good benefit with 6 acupuncture treatments. She had a home TENS unit and TENS pads were dispensed. Physical examination findings included distal biceps tenderness with decreased range of motion and strength. A trial of TENS was started to see whether a different unit would be more beneficial. In terms of TENS, although not recommended as a primary treatment modality, a one-month home-based TENS trial may be considered as a noninvasive conservative option. Indications include pain, inflammation, and muscle spasm and, if effective, can be performed independently by the patient. Low cost basic TENS units are available for home use and supplies such as electrodes can be reused many times. In this case, the claimant already uses a TENS unit. Benefit with use of her current unit can be assessed without the need for a trial with other units. Replacement of the TENS pads indicates that the unit is already effective. A trial of TENS was not medically necessary.