

Case Number:	CM15-0188485		
Date Assigned:	09/30/2015	Date of Injury:	04/02/2015
Decision Date:	11/10/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/24/2015

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: 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 54 year old male, who sustained an industrial injury on 4-02-2015. The injured worker is being treated for adhesive capsulitis shoulder, partial rotator cuff tear, fracture of head radius closed, wrist fractures of distal end of radius and fracture elbow olecranon.

Treatment to date has included surgical intervention (open reduction internal fixation (ORIF) of olecranon fracture and coronoid fracture and closed left distal radius fracture on 4-17-2015), followed by medications, injections and occupational and physical therapy. Per the Primary Treating Physician's Progress Report dated 8-27-2015, the injured worker reported shoulder pain and elbow pain rated as 7 out of 10, wrist pain rated as 6 out of 10. A subacromial injection provided at the last visit helped a little bit. Objective findings included right shoulder forward flexion 90 degrees actively and passively, with external rotation 25 degrees; right elbow range of motion 35-110 degrees, supination 45 degrees and pronation 60 degrees; and right wrist range of motion 50 degrees of extension and 55 degrees of flexion. Work status was to remain off work.

The plan of care included a cortisone injection and additional physical therapy. Authorization was requested for one GSMHD combo with TENS with HAN, six AAA batteries and eight electrodes per month. On 9-15-2015, Utilization Review non-certified the request for one GSMHD combo with TENS with HAN, six AAA batteries and eight electrodes per month.

IMR ISSUES, DECISIONS AND RATIONALES

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

GSMHD combo with TENS 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): Electrical stimulators (E-stim).

Decision rationale: The use of TENS for chronic pain is not recommended by the MTUS Guidelines as a primary treatment modality, but a one-month home-based TENS trial may be considered if used as an adjunct to a program of evidence-based functional restoration in certain conditions. A home based treatment trial of one month may be appropriate for neuropathic pain and CRPS II and for CRPS I. There is some evidence for use with neuropathic pain, including diabetic neuropathy and post-herpetic neuralgia. There is some evidence to support use with phantom limb pain. TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. It may be useful in treating MS patients with pain and muscle spasm. The criteria for use of TENS include chronic intractable pain (for one of the conditions noted above) with 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, and a treatment plan including specific short and long term goals of treatment. There is no evidence that other appropriate pain modalities have been tried (including medication) and failed. There is also no evidence that a one month trial of TENS has been attempted and evaluated in this case, therefore, the request for GSMHD combo with TENS with HAN is determined to not be medically necessary.

8 electrodes per month: 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): Electrical stimulators (E-stim).

Decision rationale: The use of TENS for chronic pain is not recommended by the MTUS Guidelines as a primary treatment modality, but a one-month home-based TENS trial may be considered if used as an adjunct to a program of evidence-based functional restoration in certain conditions. A home based treatment trial of one month may be appropriate for neuropathic pain and CRPS II and for CRPS I. There is some evidence for use with neuropathic pain, including diabetic neuropathy and post-herpetic neuralgia. There is some evidence to support use with phantom limb pain. TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. It may be useful in treating MS patients with pain and muscle spasm. The criteria for use of TENS include chronic intractable pain (for one of the conditions noted above) with 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, and a treatment plan including specific short and long term goals of treatment. There is no evidence that other appropriate pain modalities have been tried (including medication) and failed. There is also no evidence that a one month trial of TENS has been attempted and evaluated in this case. As the request for TENS is

not supported, there is no medical need for electrodes, therefore, the request for 8 electrodes per month is determined to not be medically necessary.

6 AAA batteries per month: 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): Electrical stimulators (E-stim).

Decision rationale: The use of TENS for chronic pain is not recommended by the MTUS Guidelines as a primary treatment modality, but a one-month home-based TENS trial may be considered if used as an adjunct to a program of evidence-based functional restoration in certain conditions. A home based treatment trial of one month may be appropriate for neuropathic pain and CRPS II and for CRPS I. There is some evidence for use with neuropathic pain, including diabetic neuropathy and post-herpetic neuralgia. There is some evidence to support use with phantom limb pain. TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. It may be useful in treating MS patients with pain and muscle spasm. The criteria for use of TENS include chronic intractable pain (for one of the conditions noted above) with 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, and a treatment plan including specific short and long term goals of treatment. There is no evidence that other appropriate pain modalities have been tried (including medication) and failed. There is also no evidence that a one month trial of TENS has been attempted and evaluated in this case. As the request for TENS is not supported, there is no medical need for batteries, therefore, the request for 6 AAA batteries per month is determined to not be medically necessary.