

Case Number:	CM15-0209556		
Date Assigned:	10/28/2015	Date of Injury:	03/16/2005
Decision Date:	12/09/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/23/2015

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: California, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 is a 57 year old female who sustained a work-related injury on 3-16-05. Medical record documentation on 8-14-15 revealed the injured worker was being treated for right shoulder strain and impingement. She reported an increase in right shoulder pain. Her right shoulder range of motion included flexion to 150 degrees, extension to 40 degrees, abduction to 140 degrees and adduction to 40 degrees, internal rotation to 70 degrees and external rotation to 80 degrees. Her treatment plan included eight sessions of chiropractic therapy, TENS unit rental and supplies. A request for a purchase of electrodes, 4 packs, batteries #12, lead wire and adhesive removal #16 was received on 9-25-15. On 10-1-15, the Utilization Review physician determined a purchase of electrodes, 4 packs, batteries #12, lead wire and adhesive removal #16 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase electrodes, 4 packs, batteries Qty: 12, lead wire, adhesive removal Qty: 16:
 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 requested electrodes are for a TENS unit. According to the California MTUS Chronic Pain Medical Treatment Guideline regarding TENS, pages 113-114, chronic pain (transcutaneous electrical nerve stimulation), not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for neuropathic pain and CRPS II and for CRPS I (with basically no literature to support use).
Criteria for the use of TENS: Chronic intractable pain (for the conditions noted above):
Documentation of pain of at least three months duration. There is 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; rental would be preferred over purchase during this trial. In this case there is insufficient evidence of chronic neuropathic pain from the exam note of 8/14/15 to warrant a TENS unit. There also is no evidence of evidence based functional restoration plan. Therefore, the request is not medically necessary.