

Case Number:	CM15-0210546		
Date Assigned:	10/29/2015	Date of Injury:	09/21/2009
Decision Date:	12/15/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/26/2015

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: Emergency 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 38-year-old male, with a reported date of injury of 01-13-2010. The diagnoses include carpal tunnel syndrome, shoulder joint pain, and cervical disc degeneration. The progress note dated 09-15-2015 indicates that that injured worker had right shoulder and upper extremity pain. It was noted that the pain was rated 7-8 out of 10, depending on activity. The injured worker rated her right shoulder pain 8 out of 10 on 06-10-2015. She continued to have pain in the anterior portion of her neck, at the sternoclavicular joint with associated swelling, and the pain was worse with rotational movements of her neck. It was noted that the injured worker had right upper extremity pain with radiation into the right cervical brachial region. The pain was made worse with overhead use of her right upper extremity. The injured worker stated that the TENS unit helped to decreased her right upper extremity pain and helped her to be more comfortable. It was documented that an MRI of the right shoulder on 05- 29-2013 showed interval debridement of the supraspinatus tendon with small low-grade partial thickness interstitial tearing at the footprint, infraspinatus tendinosis without tear, status post acromioclavicular joint resection arthroplasty, with preservation of the subacromial space, superior labral fraying, small subacromial-subdeltoid bursal effusion can be a normal postoperative finding; an electrodiagnostic study of the right upper extremity on 02-26-2013 which showed moderate right carpal tunnel syndrome; x-rays of the right shoulder on 01-04-2013 which showed moderate hypertrophic degeneration of the acromioclavicular joint with small inferior osteophytes. The objective findings include normal muscle tone without atrophy in the bilateral upper and lower extremities; tenderness to palpation over the right cervicobrachial

region with palpable swelling compared to the left; palpable knot along the distal border of the right; limited range of motion of the right shoulder; tenderness to palpation of the right acromioclavicular; and no signs of impingement. The injured worker was deemed permanent and stationary with permanent disability. The diagnostic studies to date have not been included in the medical records provided. Treatments and evaluation to date have included a TENS unit, Capsaicin cream (discontinued), Voltaren tablets (discontinued), Tylenol with codeine (discontinued), and Voltaren gel. The treating physician requested home TENS unit (indefinite use). On 09-28-2015, Utilization Review (UR) non-certified the request for home TENS unit (indefinite use).

IMR ISSUES, DECISIONS AND RATIONALES

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

Home TENS Unit (indefinite use): Upheld

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

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

Decision rationale: As per MTUS Chronic pain guidelines, TENS (Transcutaneous Electrical Nerve Stimulation) may be recommended only if it meets criteria. Evidence for its efficacy is poor. Pt does not meet criteria to recommend TENS. TENS is recommended for neuropathic or Complex Regional Pain Syndrome (CRPS) pain. Patient meets all criteria for TENS recommendation except for TENS trial. There is documentation of an appropriate 1 month trial of TENS. However, provider documents subjective claims of improvement. There are claims of "improvement" in pain and function but pain is still documented as 7-8/10 and there is no documentation of decrease in medication use or objective measures of improvement in functional status. While patient may benefit from TENS, documentation does not appropriately document benefit during TENS trial. MTUS also recommends rental over purchase, there is no documentation as to why a TENS unit needed to be purchased instead of rented. TENS is not medically necessary.