

Case Number:	CM15-0216732		
Date Assigned:	11/06/2015	Date of Injury:	08/19/2013
Decision Date:	12/21/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	11/03/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 45 year old female, who sustained an industrial injury on 8-19-13. The injured worker was diagnosed as having right lateral epicondylitis, right De Quervain's tenosynovitis and neck pain with cervical spondylosis. Subjective findings (4-16-15, 7-9-15, 8-5-15 and 9-2-15) indicated right shoulder pain that radiates to the neck and right elbow and wrist pain. The injured worker rates her pain 7-10 out of 10. Objective findings (4-16-15, 7-9-15, 8-5-15 and 9-2-15) revealed decreased sensation to light touch throughout the right arm, right shoulder flexion is 0-90 degrees and abduction is 0-90 degrees and tenderness and tightness over the right upper trapezius. As of the PR2 dated 9-17-15, the injured worker reports right wrist and elbow pain. Objective findings include mild swelling at the right elbow, global tenderness to palpation both medially and laterally and significant swelling in the right wrist. Treatment to date has included a right shoulder MRI on 3-16-15, a right arthroscopic rotator cuff repair on 9-22-15, chiropractic treatment starting on 5-19-15, Ultracet, Lidoderm and Celebrex. The Utilization Review dated 10-14-15, non-certified the request for a multi stim unit with supplies, 5-month rental (30 min 3-5x a day).

IMR ISSUES, DECISIONS AND RATIONALES

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

Multi Stim unit with supplies, 5 month rental (30 min 3-5x a day): 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: The California chronic pain medical treatment guidelines section on transcutaneous electrical nerve stimulation states: TENS, 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 the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters, which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured. This treatment option is recommended as an adjunct to a program of evidence based functional restoration. However, it is recommended for a one-month trial to document subjective and objective gains from the treatment. There is no provided documentation of a one-month trial period with objective measurements of improvement in pain and function. Therefore, criteria have not been met and the request is not medically necessary.