

Case Number:	CM15-0217875		
Date Assigned:	11/09/2015	Date of Injury:	08/29/2015
Decision Date:	12/22/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	11/05/2015

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, Georgia
 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 male, who sustained an industrial injury on 8-29-2015. The injured worker was diagnosed as having cephalgia, musculoligamentous injury to the cervical spine, right shoulder sprain-strain, right elbow sprain-strain, right wrist sprain-strain, brachial radiculitis, myofascitis, and stress-insomnia. Treatment to date has included x-rays, ice-heat, and medication. On 9-22-2015, the injured worker complains of pain in his cervical spine, bilateral shoulders, and right wrist-arm-elbow. Pain was rated 7-9 out of 10. Current medication use included Nabumetone. Exam of the cervical spine noted tenderness to palpation, positive foraminal compression, Jackson compression and Spurling's bilaterally, painful range of motion, and 2+ deep tendon reflexes. Exam of the shoulder noted tenderness to palpation on the right, positive impingement on the right, apprehension sign and Apley's on the right, and painful range of motion. Exam of the elbow noted tenderness to palpation on the right, painful range of motion, and positive Tennis and Golfer's on the right. Exam of the wrist noted tenderness to palpation on the right, positive Tinel's, Phalen's and Finkelstein's on the right, and painful range of motion. His work status was modified, total temporary disability if unavailable. He was recommended a transcutaneous electrical nerve stimulation unit for home use. On 10-16-2015 Utilization Review non-certified a request for transcutaneous electrical nerve stimulation unit 30 day rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (Transcutaneous Electrical Nerve Stimulation) 2 lead unit, 30 day rental: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Shoulder Complaints 2004, and Elbow Complaints 2007, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Methods.

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

Decision rationale: CA MTUS states that TENS units are not first line therapy but may be considered if those treatments have failed. Indications for use include: Chronic intractable pain 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; rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. A 2-lead unit is generally recommended. In this case pain has not been chronically present for 3 months and trial of TENS is not medically necessary.