

Case Number:	CM15-0217955		
Date Assigned:	11/09/2015	Date of Injury:	06/20/1995
Decision Date:	12/21/2015	UR Denial Date:	10/30/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56 year old male who sustained an industrial injury on 6-20-95. A review of the medical records indicates that the worker is undergoing treatment for chronic shoulder pain, status post rotator cuff and SLAP (superior labrum anterior to posterior repair) (2005), chronic neck pain with C4 through C7 fusion (1999), post laminectomy syndrome, right wrist sprain, and chronic pain syndrome. Subjective complaints (9-25-15) include pain in the same but numbness is worse, aching neck pain radiating to the head causing headaches and radiating down the arms causing numbness and tingling mainly on the right, and right shoulder aching pain. Pain is rated at 8-10 without medication and 4-5 with medication. Current medications are Omeprazole, Celebrex, Lunesta, Norco, and Valium. Objective findings (9-25-15) include tenderness in the right shoulder in the anterior and lateral joint, range of motion is 120 degrees on abduction and forward flexion, there is mild discomfort with impingement maneuvers, tenderness in the mid and lower paracervical muscles and facets, severely restricted range of motion, and Spurling's is positive causing pain down into the right lateral arm. Sensation is decreased in the lateral and medial arms, more on the right and all fingers of the left and right hands, and Tinel's is positive on the left and negative on the right. Previous treatment includes therapy, injections, medication, and exercise. The treatment plan includes monthly biofreeze tubes, soft cervical collar, and monthly TENS (transcutaneous electrical nerve stimulation) unit butterfly electrodes, pads and batteries. The requested treatment of unknown batteries for TENS unit (2 per month) and unknown butterfly electrodes (2 per month) was non-certified on 10-30-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown Batteries for TENS Unit (2 per month): 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 claimant has a remote history of a work injury in June 1995 and underwent a cervical fusion in 1999 and rotator cuff and labral repair of the right shoulder in 2005. When seen in September 2015 he was having neck, right shoulder, and upper extremity symptoms. His pain was the same but his numbness was worse. He was having radiating neck pain with headaches and aching right shoulder pain. Medications were decreasing pain from 8-10/10 to 4-5/10 and his pain was decreased with therapy, medications and change of position. Physical examination findings included a body mass index of 32. There was cervical and shoulder tenderness with decreased range of motion. Spurling's testing was positive on the right. There was mild discomfort with shoulder impingement testing. There was decreased sensation with positive Tinel's testing on the left. Medications were prescribed and he was referred for further testing and evaluation. The claimant is reported to use TENS with functional benefit. TENS is used for the treatment of chronic pain. TENS is thought to disrupt the pain cycle by delivering a different, non-painful sensation to the skin around the pain site. It is a non-invasive, cost effective, self-directed modality. In terms of the pads, there are many factors that can influence how long they last such as how often and for how long they are used. Cleaning after use and allowing 24 hours for drying is recommended with rotation of two sets of electrodes. Properly cared for, these electrodes should last from 1-3 months at a minimum. In this case, the claimant already uses TENS and the fact that supplies are being requested is consistent with its continued use and efficacy. However, although the quantity being requested is specified and is appropriate, the duration of the request appears indefinite. Ongoing use would be dependent on documentation of continued efficacy and for this reason the request is not medically necessary.

Unknown Butterfly electrodes (2 per month): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The claimant has a remote history of a work injury in June 1995 and underwent a cervical fusion in 1999 and rotator cuff and labral repair of the right shoulder in 2005. When seen in September 2015 he was having neck, right shoulder, and upper extremity symptoms. His pain was the same but his numbness was worse. He was having radiating neck pain with headaches and aching right shoulder pain. Medications were decreasing pain from 8-10/10 to 4-5/10 and his pain was decreased with therapy, medications and change of position. Physical examination findings included a body mass index of 32. There was cervical and shoulder tenderness with decreased range of motion. Spurling's testing was positive on the right. There was mild discomfort with shoulder impingement testing. There was decreased sensation

with positive Tinel's testing on the left. Medications were prescribed and he was referred for further testing and evaluation. The claimant is reported to use TENS with functional benefit. TENS is used for the treatment of chronic pain. TENS is thought to disrupt the pain cycle by delivering a different, non-painful sensation to the skin around the pain site. It is a non-invasive, cost effective, self-directed modality. In terms of the pads, there are many factors that can influence how long they last such as how often and for how long they are used. Cleaning after use and allowing 24 hours for drying is recommended with rotation of two sets of electrodes. Properly cared for, these electrodes should last from 1-3 months at a minimum. In this case, the claimant already uses TENS and the fact that supplies are being requested is consistent with its continued use and efficacy. However, although the quantity being requested is specified and is appropriate, the duration of the request appears indefinite. Ongoing use would be dependent on documentation of continued efficacy and for this reason the request is not medically necessary.