

Case Number:	CM15-0033317		
Date Assigned:	02/26/2015	Date of Injury:	01/31/2014
Decision Date:	04/07/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/23/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 62 year old female, who sustained an industrial injury on 01/31/2014. She has reported subsequent neck, back, right shoulder and bilateral hip pain and was diagnosed with neck, thoracic spine, lumbar spine and bilateral hip sprains and right rotator cuff tear. Treatment to date has included oral pain medication and steroid injections. In a progress note dated 01/14/2015, the injured worker complained of 5/10 right shoulder pain. Objective physical examination findings of the right shoulder were notable for decreased range of motion, anterior tenderness and positive supraspinatus/empty can and Hawkin's impingement signs. A request for authorization of TENS unit was made. On 01/21/2015, Utilization Review non-certified a request for purchase of a home TENS unit with pads for the right shoulder, noting that there was no evidence of a trial of transcutaneous electrical nerve stimulation with objectively documented improvement. MTUS and peer-reviewed guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home TENS unit with pads permanent: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, TENS unit.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, home TENS unit with pads permanent is not medically necessary. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. See the guidelines for additional details. In this case, the injured worker's working diagnoses are neck sprain; thoracic spine strain; right rotator cuff tear; lumbar spine strain; left hip sprain; right hip sprain; and rib contusion. There is no documentation in the medical record indicating a TENS unit is contemplated. There is no clinical indication or clinical rationale for a TENS unit. There is no discussion as to what anatomical region is to be addressed with a TENS unit. There is no TENS one month trial in the medical record. There are no specific short and long-term goals documented in the medical record. Consequently, absent clinical documentation with a one month TENS trial, a clinical indication and a clinical rationale for a TENS unit, home TENS unit with pads permanent is not medically necessary.