

Case Number:	CM15-0039978		
Date Assigned:	03/10/2015	Date of Injury:	08/22/2012
Decision Date:	04/21/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/03/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 48-year-old female sustained an industrial injury to the right arm, wrist, hand, fingers and shoulder on 8/22/12. In a PR-2 dated 12/17/14, the injured worker complained of persistent neck pain with radiation to the right shoulder as well as pain to the right shoulder, right wrist and right hand, rated 7-8/10 on the visual analog scale. Physical exam was remarkable for cervical spine with tenderness to palpation over bilateral trapezius muscles, positive cervical compression test, positive right Spurling's test, limited cervical spine and right shoulder range of motion, right shoulder with tenderness to palpation over the acromioclavicular joint, positive Neer's and Hawkin's tests and decreased strength, right wrist with swelling, positive Finkelstein's test and decreased grip strength. Current diagnoses included chronic cervical strain, cervical spine disc bulges, right shoulder partial rotator cuff tear, right upper extremity diffuse paresthesias and right wrist clinical De Quervain's tenosynovitis. The treatment plan included pending authorization for physical therapy of the cervical spine and magnetic resonance imaging right shoulder and requesting authorization for a transcutaneous electrical nerve stimulator unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 month trial of transcutaneous electrical nerve stimulation (TENS) unit: Overturned

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

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

Decision rationale: The patient presents with pain and weakness in her neck, shoulder and upper extremity. The request is for 1 MONTH TRIAL OF TRANSCUTANEOUS ELECTRICAL NERVE STIMULATOR (TENS) UNIT. Per 01/14/15 progress report, the patient has had 6 sessions of physical therapy with improvement. Tramadol helps her pain down from 8/10 to 4/10. The patient is currently working with restrictions. Per MTUS Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1-month home based trial may be consider for a specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple scoliosis. When a TENS unit is indicated, a 30-home trial is recommended and with documentation of functional improvement, additional usage may be indicated. In this case, the treater requested for "a 30 day trial of TENS unit to see if that increases her functionality and decreases her pain." The patient appears to have not tried TENS unit in the past. One of the diagnoses is right upper extremity diffuse paresthesia, rule out peripheral nerve entrapment versus radiculopathy. The patient does present with neuropathy for which the use of TENS unit would be indicated per MTUS. Therefore, the request IS medically necessary.