MAXIMUS Federal Services

Case Number:	CM15-0040513		
Date Assigned:	03/10/2015	Date of Injury:	07/02/2012
Decision Date:	05/08/2015	UR Denial Date:	02/05/2015
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:

The injured worker is a 61-year-old female who reported an injury on 07/02/2012. The mechanism of injury was while the injured worker was walking on the tile floor, there was something wet and slippery and the injured worker slipped and fell backward, breaking her fall with her left hand. The injured worker underwent physical therapy, medications, an MRI of the back left arm and left shoulder, and injections. The injured worker underwent x-rays of the left shoulder, cervical spine, and lumbar spine. The injured worker underwent a nerve conduction study and electro diagnostic study. The documentation of 01/28/2015 revealed the injured worker did not want surgery; however, the request was made for a neurosurgical consultation and a wrist splint as well as TENS rental. The objective findings revealed tenderness on the volar aspect of the wrist with grip strength diminished at 5-/5. The injured worker had tenderness to the paraspinals of the cervical spine. The injured worker had a negative Spurling's test. The diagnoses included lumbar sprain and strain with disc and facet disease, bilateral wrist tendonitis, left rotator cuff tendonitis and rotator cuff tear, and cervical spine sprain and strain with disc disease. The treatment plan included Celebrex 200 mg every day as needed for pain #30 with 1 refill, wrist splint, return to clinic in 2 weeks, stat neurosurgical consultation per QME, and a TENS rental x8 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit Rental x 8 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Criteria for use of TENS Page(s): 114, 116.

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

Decision rationale: The California Medical Treatment Utilization Schedule recommends a one month trial of a TENS unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. There was a lack of documentation indicating the injured worker had 3 months of pain and that other appropriate pain modalities had trialed and failed, including medication. The request for 8 weeks would be excessive. The request as submitted failed to indicate the body part to be treated. Given the above, the request for TENS unit rental x8 weeks is not medically necessary.