MAXIMUS Federal Services

Case Number:	CM15-0050034		
Date Assigned:	03/23/2015	Date of Injury:	06/21/2011
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/17/2015

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 44-year-old female who sustained a work related injury on June 21, 2011, incurring right elbow and right arm pain from repetitive motion. She was diagnosed with peripheral nerve entrapment, right median neuropathy, right epicondylitis, cervical sprain, lumbar sprain with radiculopathy and right shoulder capsulitis. Treatment included anti-inflammatory drugs, pain medications, nerve blocks, physical therapy, chiropractic manipulation and acupuncture sessions. Currently, the injured worker complained of right shoulder and right forearm pain. The treatment plan that was requested for authorization included replacement electrodes for a transcutaneous electrical nerve stimulation unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Replacement electrodes for a transcutaneous electrical nerve stimulation (TENS) unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

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

Decision rationale: The patient presents with right shoulder and right forearm pain. The request is for REPLACEMENT ELECTRODES FOR A TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) UNIT. Physical examination to the right shoulder on 01/20/15 revealed tenderness to palpation along the right trapezius muscle. Patient's treatments have included physical therapy, injections and FRP program. Per 02/19/15 progress report, patient's diagnosis includes pain in joint of shoulder, pain in jont of forearm, elbow, forearm and wrist injury not otherwise epscified, and tenosynovitis of hand and wrist not elsewhere specified. Patient's medications, per 12/11/14 progress report report include Venlafaxine, Doral, and Voltaren XR. Patient is temporarily very disabled. MTUS Guidelines page 116, TENS units have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a one-month, home-based trial may be considered for a specific diagnosis of neuropathy, CRPS, spasticity, a phantom limb pain, and multiple sclerosis. When a TENS unit is indicated, a 30-day home trial is recommended, and with documentation of functional improvement, additional usage may be indicated. It appears that the patient has previously used the TENS unit. In progress report dated 02/19/15, under Plan, it is stated, "continue using TENS Unit, requesting replacement electrode." However, it is not documented when the patient started utilizing a TENS Unit, how often it is used for which areas and with what efficacy. MTUS require documentation of pain and function for continued use of these devices. The request IS NOT medically necessary.