

Case Number:	CM15-0050132		
Date Assigned:	03/23/2015	Date of Injury:	05/15/2013
Decision Date:	05/01/2015	UR Denial Date:	02/24/2015
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: New Jersey

Certification(s)/Specialty: Family Practice

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 52-year-old female, who sustained an industrial injury on 5/15/13. The injured worker has complaints of right shoulder pain, wrist and elbow pain. She reports burning, tingling and numbness in the hand and wrist as well as difficulty bending her fingers. The diagnoses have included cervical degenerative disc disease; status post right shoulder arthroscopy, decompression, healed with residuals; right lateral epicondylitis; right medial epicondylitis and questionable right carpal tunnel syndrome. Treatment to date has included Magnetic Resonance Imaging (MRI) of the right elbow on 5/2/14 conclusion noted lateral epicondylitis; right shoulder surgery on 5/30/14; electromyogram done on 9/13/14 of both upper extremities revealed normal findings; physical therapy; shockwave treatment; right hand brace; cortisone injection the right shoulder with only temporary relief; electrodiagnostic studies; right shoulder arthroscopy on 5/30/14 and medications. The requested treatment is for one-month rental of two-lead solace multi-stim unit with electrodes for the right shoulder, upper arm and elbow, provided on January 13 to February 12, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

One month rental of two-lead solace multi-stim unit with electrodes for the right shoulder, upper arm and elbow, provided on January 13 to February 12, 2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The MTUS Guidelines for Chronic Pain state that transcutaneous nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, however, the studies on TENS are inconclusive and evidence is lacking concerning effectiveness. The criteria for the use of TENS, according to the MTUS Guidelines, includes 1. Documentation of pain of at least 3 months duration, 2. Evidence that other appropriate pain modalities have been tried and failed, 3. Documentation of other pain treatments during TENS trial, 4. Documented treatment plan including the specific short and long-term goals of treatment with TENS, 5. Documentation of reasoning for use of a 4-lead unit, if a 4-lead unit is prescribed over a 2-lead unit. In the case of this worker, there was insufficient evidence to support this request for the Solace multi-stim unit. There is no indication that the worker would require a multi-stim over a singular mode TENS device for a trial. Also, there was insufficient reporting of plans to continue a specific physical therapy regimen to go along with the use of this stim device. Therefore, the request for "One month rental of two-lead solace multi-stim unit with electrodes for the right shoulder, upper arm and elbow, provided on January 13 to February 12, 2015" is considered medically unnecessary.