

Case Number:	CM15-0058372		
Date Assigned:	04/03/2015	Date of Injury:	05/23/2013
Decision Date:	05/04/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/27/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 43 year old male, who sustained a work/ industrial injury on 5/23/13. He has reported initial symptoms of left shoulder pain along with neck, right elbow and bilateral hand symptoms. The injured worker was diagnosed as having left rotator cuff impingement, carpal tunnel syndrome, s/p left shoulder arthroscopy with debridement and positive adhesive capsulitis, mild lateral epicondylitis, and C6-7 central disk protrusion. Treatments to date included medication, diagnostics, work modification, orthopedic consult, neurology consult, surgery, and night splint. Magnetic Resonance Imaging (MRI) was performed on 7/11/13, 12/24/13. Electromyogram and/or nerve conduction velocity (EMG/NCV) was performed on 12/16/13. X-ray's were performed on 1/2/15. Currently, the injured worker complains of ongoing numbness, tingling, and aching in the right wrist that sometimes radiates to the forearm. There was also aching and stiffness in the left shoulder following the left shoulder arthroscopy. The treating physician's report (PR-2) from 1/2/15 indicated impingement signs are minimally positive. Carpal tunnel compression test and Phalen's test on the right reproduce paresthesia within 15 seconds with radiation into the radial three digits. Tinel's test is positive. There is a subjective decrease to light touch in the radial three digits. Treatment plan included Transcutaneous Electrical Nerve Stimulation (TENS) unit, 12 month supply of AAA batteries (6 per month), and 12 month supply of electrodes (8 pairs per month).

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS
Page(s): 113-114.

Decision rationale: This 43 year old male has complained of neck pain, left shoulder pain and bilateral wrist pain since date of injury 5/23/13. He has been treated with surgery, physical therapy and medications. The current request is for a TENS unit. Per the MTUS guidelines cited above, TENS unit is not recommended as a primary treatment modality, but a one-month home based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based function restoration for the following conditions: neuropathic pain to include diabetic neuropathy and post-herpetic neuralgia, chronic regional pain syndrome I and II, phantom limb pain, spasticity in spinal cord injury and multiple sclerosis. The available medical records do not include documentation of an ongoing or intended implementation of a functional restoration program to be utilized in conjunction with a trial of TENS unit rental as recommended by the MTUS. On the basis of the above MTUS guidelines and available medical record documentation, a TENS unit is not indicated as medically necessary in this patient.

12 month supply of AAA batteries (6 per month): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS
Page(s): 113-114.

Decision rationale: This 43 year old male has complained of neck pain, left shoulder pain and bilateral wrist pain since date of injury 5/23/13. He has been treated with surgery, physical therapy and medications. The current request is for a 12 month supply of AAA batteries for the TENS unit. Per the MTUS guidelines cited above, TENS unit is not recommended as a primary treatment modality, but a one-month home based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based function restoration for the following conditions: neuropathic pain to include diabetic neuropathy and post-herpetic neuralgia, chronic regional pain syndrome I and II, phantom limb pain, spasticity in spinal cord injury and multiple sclerosis. The available medical records do not include documentation of an ongoing or intended implementation of a functional restoration program to be utilized in conjunction with a trial of TENS unit rental as recommended by the MTUS. On the basis of the above MTUS guidelines and available medical record documentation, a TENS unit is not indicated as medically necessary in this patient. Therefore, it follows that a 12 month supply of AAA batteries for the TENS unit is also not indicated as medically necessary.

12 month supply of electrodes (8 pairs per month): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS
Page(s): 113-114.

Decision rationale: This 43 year old male has complained of neck pain, left shoulder pain and bilateral wrist pain since date of injury 5/23/13. He has been treated with surgery, physical therapy and medications. The current request is for a 12 month supply of electrodes for the TENS unit. Per the MTUS guidelines cited above, TENS unit is not recommended as a primary treatment modality, but a one-month home based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based function restoration for the following conditions: neuropathic pain to include diabetic neuropathy and post-herpetic neuralgia, chronic regional pain syndrome I and II, phantom limb pain, spasticity in spinal cord injury and multiple sclerosis. The available medical records do not include documentation of an ongoing or intended implementation of a functional restoration program to be utilized in conjunction with a trial of TENS unit rental as recommended by the MTUS. On the basis of the above MTUS guidelines and available medical record documentation, a TENS unit is not indicated as medically necessary in this patient. Therefore it follows that a 12 month supply of electrodes for the TENS unit is also not indicated as medically necessary.