

Case Number:	CM15-0058665		
Date Assigned:	04/03/2015	Date of Injury:	12/16/2002
Decision Date:	07/14/2015	UR Denial Date:	03/20/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 58 year old male, who sustained an industrial injury on December 16, 2002. The mechanism of injury was not provided. The injured worker was noted to have had several industrial dates of injury. The injured worker has been treated for neck, back, shoulder and knee complaints. The diagnoses have included upper extremity injury, right shoulder impingement syndrome, chronic kidney disease, diabetes, cognitive disorder and major depressive disorder. Treatment to date has included medications, MRI, psychological evaluation, psychotherapy, physical therapy, a home exercise program and right shoulder surgery. Current documentation dated February 4, 2015 notes that the injured worker noted multiple injuries including the neck, bilateral shoulder, right wrist and left knee. Examination of the right wrist joint revealed swelling and a painful ulnar deviation. The treating physician's plan of care included a request for a transcutaneous electrical nerve stimulation unit patch times two pairs.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS patch x 2 pairs: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114.

Decision rationale: The claimant sustained a work-related injury in December 2002 and continues to be treated for neck, shoulder, right wrist, and left knee pain. When seen, he was trying to exercise. TENS was being used with decreased medication usage. TENS is used for the treatment of chronic pain. TENS is thought to disrupt the pain cycle by delivering a different, non-painful sensation to the skin around the pain site. It is a noninvasive, cost effective, self-directed modality. In terms of the pads, there are many factors that can influence how long they last such as how often and for how long they are used. Cleaning after use and allowing 24 hours for drying is recommended with rotation of two sets of electrodes. Properly cared for, these electrodes should last from 1-3 months at a minimum. In this case, the claimant already uses TENS and the fact the pads need to be replaced is consistent with its continued use and efficacy. The request is medically necessary.