

Case Number:	CM14-0120089		
Date Assigned:	08/08/2014	Date of Injury:	07/02/2012
Decision Date:	10/20/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/30/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 56 year-old patient sustained an injury on 7/2/12 while employed by [REDACTED]. Request(s) under consideration include Retro TENS Unit Purchase. Diagnoses include lumbosacral sprain/strain; right knee internal derangement; right rotator cuff tear s/p arthroscopic SAD, acromioplasty on 6/5/13; and closed left ankle dislocation s/p ankle surgery 2012. Medications list Norco, Cyclobenzaprine, Meloxicam, and LidoPro cream. Conservative care has included medications, therapy, and modified activities/rest. TENS unit purchase is requested to improve functional restoration, reduce pain, increase ROM, reduce need for medications, and decrease number of flare-ups. Reports of 1/13/14, 3/11/14, 4/15/14, 5/20/14 from the provider noted patient requesting for medications with unchanged symptoms for refills. Exam showed unchanged right shoulder and periscapular along with right knee tenderness; mildly antalgic gait; with intact neurological exam. Treatment plan was unchanged which included medication refills of Norco, Flexeril, and Mobic and to continue independent exercise program. AME report of 4/30/14 noted shoulder condition to be P&S post arthroscopic surgery. Report of 7/2/14 from the provider noted the patient with chronic low back pain rated at 5/10 and right shoulder pain rated at 5/10 occasionally radiating to right bicep with sharp pain; right knee rated at 5/10 and left ankle pain rated at 6/10 occasionally radiating to left heel. Treatment is to continue with medications. Clinic one page note of 7/2/14 noted patient pretreatment pain level of 5/10 reduced to 2/10 post-tx with non-specific increased ROM (no degree or joint documented). The patient remained off work. The request(s) for Retro TENS Unit Purchase was non-certified on 7/15/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro TENS Unit Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS for chronic pain, Page(s): 114-117.

Decision rationale: This 56 year-old patient sustained an injury on 7/2/12 while employed by [REDACTED]. Request(s) under consideration include Retro TENS Unit Purchase. Diagnoses include lumbosacral sprain/strain; right knee internal derangement; right rotator cuff tear s/p arthroscopic SAD, acromioplasty on 6/5/13; and closed left ankle dislocation s/p ankle surgery 2012. Medications list Norco, Cyclobenzaprine, Meloxicam, and LidoPro cream. Conservative care has included medications, therapy, and modified activities/rest. TENS unit purchase is requested to improve functional restoration, reduce pain, increase ROM, reduce need for medications, and decrease number of flare-ups. Reports of 1/13/14, 3/11/14, 4/15/14, 5/20/14 from the provider noted patient requesting for medications with unchanged symptoms for refills. Exam showed unchanged right shoulder and periscapular along with right knee tenderness; mildly antalgic gait; with intact neurological exam. Treatment plan was unchanged which included medication refills of Norco, Flexeril, and Mobic and to continue independent exercise program. AME report of 4/30/14 noted shoulder condition to be P&S post arthroscopic surgery. Report of 7/2/14 from the provider noted the patient with chronic low back pain rated at 5/10 and right shoulder pain rated at 5/10 occasionally radiating to right bicep with sharp pain; right knee rated at 5/10 and left ankle pain rated at 6/10 occasionally radiating to left heel. Treatment is to continue with medications. Clinic one page note of 7/2/14 noted patient pretreatment pain level of 5/10 reduced to 2/10 post-tx with non-specific increased ROM (no degree or joint documented). The patient remained off work. The request(s) for Retro TENS Unit Purchase was non-certified on 7/15/14. Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has received extensive conservative medical treatment to include chronic opiate analgesics and other medication, physical therapy, activity modifications/rest, yet the patient has remained symptomatic and functionally impaired. There is no documentation on how or what TENS unit is requested, functional improvement from trial treatment, nor is there any documented short-term or long-term goals of treatment with the TENS unit. There is no evidence for change in work status, increased in ADLs, long-term decreased VAS score, decreased medication usage, or treatment utilization from any TENS treatment already rendered for purchase. The Retro TENS Unit Purchase is not medically necessary and appropriate.