

Case Number:	CM14-0140448		
Date Assigned:	09/10/2014	Date of Injury:	12/10/2011
Decision Date:	10/14/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/29/2014

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 Family Medicine and is licensed to practice in Texas & Mississippi. 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:

The injured worker is a 55-year-old male who reported injury on 12/10/2011 secondary to a fall. The injured worker complained of pain radiating from his neck down to his hand. The injured worker had diagnoses of right mild carpal tunnel syndrome, right thumb basilar joint arthritis, and post left rotator cuff repair. The diagnostic studies included an MRI of the right shoulder that revealed arthroscopic rotator cuff repair and corrections on 10/02/2011. Past treatments included physical therapy, ice, heat and medication. The medications included ibuprofen and Norco. The physical examination dated 07/14/2014 of the shoulder revealed the left arm was immobilized; finger range of motion was normal, carpal tunnel provocative testing was normal on the right. Prior nerve conduction study test was to rule out progressive carpal tunnel. The treatment plan included a TENS unit. The Request for Authorization dated 09/10/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) Pair of electrodes and batteries for TENS Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

Decision rationale: The request for Eight (8) Pair of electrodes and batteries for TENS Unit is not medically necessary. The California Guidelines do not recommend a TENS unit as a primary treatment modality. A 1 month home based TENS trial may be considered as a noninvasive conservation option, if used in conjunction with a program of evidence based functional restoration. The results of studies are inconclusive and publicized trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer the questions about long term effectiveness. There was lack of documentation indicating significant deficits upon physical exam. The efficacy of the injured worker's previous courses of conservative care was not provided. It was unclear if the injured worker underwent an adequate TENS trial. The request is also unclear as to the injured worker needed to rent of purchase the TENS unit. Therefore, the request is not medically necessary.

TENS Unit purchase: Upheld

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

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

Decision rationale: The request for TENS Unit purchase is not medically necessary. The California Guidelines do not recommend a TENS unit as a primary treatment modality. A 1 month home based TENS trial may be considered as a noninvasive conservation option, if used in conjunction with a program of evidence based functional restoration. The results of studies are inconclusive and publicized trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer the questions about long term effectiveness. There was lack of documentation indicating significant deficits upon physical exam. The efficacy of the injured worker's previous courses of conservative care was not provided. It was unclear if the injured worker underwent an adequate TENS trial. The request is also unclear as to the injured worker needing to rent of purchase the TENS unit. Therefore, the request is not medically necessary.