

Case Number:	CM14-0148042		
Date Assigned:	09/18/2014	Date of Injury:	11/01/2010
Decision Date:	10/17/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/11/2014

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:

The injured worker is a 50-year-old female who reported an injury on 11/01/2010 due to an unspecified mechanism of injury. On 06/27/2014, she reported right upper extremity pain rated at a 6/10 with medications, and a 6/10 without medications. A physical examination of the right shoulder showed restrictive movements with flexion, abduction, and external rotation she had a positive Hawkins, negative empty cans, positive Speed's, positive cranks, negative apprehensions, negative drop arm test and tenderness to palpation over the biceps groove. An examination of the right elbow showed tenderness to palpation over the medial epicondyle, a positive Tinel's, negative varus and valgus stress tests and no limitation noted with range of motion. She had 5/5 strength throughout with the exception of strength grip on the right, elbow flexors on the right, shoulder abduction on the right and external rotation on the right which was 4/5. Sensation was noted to be intact, reflexes were normal and equal. She was diagnosed with elbow pain, extremity pain and shoulder pain. Her medications were listed as Celebrex 200 mg and Voltaren 1% gel. Diagnostic studies included unofficial electrodiagnostic studies and MRIs of the right shoulder. Past treatments included medications and acupuncture therapy. There was no documentation regarding surgical history provided for review. The treatment plan was for a TENS unit. The Request for Authorization form was signed 09/04/2014. The rationale for treatment was to help with the pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 TENS UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation.

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

Decision rationale: The request for 1 TENS UNIT is not medically necessary. In the clinical documentation submitted for review, the injured worker was noted to have used a TENS unit previously in physical therapy and found that it helped with her pain. The California MTUS Guidelines state that the use of TENS units are not recommended as a primary treatment modality but a 1 month home based TENS trial may be considered as a noninvasive, conservative option if used as an adjunct to a program of evidence based functional restoration for neuropathic pain, phantom limb pain, CRPS 1 and 2, spasticity, and multiple sclerosis. There should be evidence that other appropriate pain modalities have been tried and failed including medications. Based on the clinical information submitted for review, the injured worker was noted to be symptomatic regarding the right upper extremity. However, there was a lack of documentation showing that the injured worker had any of the conditions in which a TENS unit would be considered medically necessary. In addition, there was a lack of documentation showing that the injured worker was enrolled in a program of evidence based functional restoration to use in conjunction with a TENS unit as recommended by the guidelines. Furthermore, the documentation shows that a 30 TENS unit trial was being recommended. However, the request was for 1 TENS unit, the request does not specify if a TENS unit is being requested for a 30 day trial rental or being requested for purchase. Without this information, the request will not be supported. As such, the request is not medically necessary.