

Case Number:	CM14-0198536		
Date Assigned:	12/08/2014	Date of Injury:	08/07/2013
Decision Date:	01/26/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/25/2014

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 Internal Medicine, has a subspecialty in Hospice palliative Medicine and is licensed to practice in Pennsylvania. 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 30-year-old woman with a date of injury of 08/07/2013. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 08/19/2014 and 11/04/2014 indicated the worker was experiencing right shoulder and back pain, although the note dated 11/04/2014 could not be read with confidence. The documented examinations described right shoulder and neck tenderness, right shoulder impingement sign, and decreased motion in the neck joints. The submitted and reviewed documentation concluded the worker was suffering from contusions involving the right shoulder, mid-back, and upper back and right shoulder impingement syndrome. Treatment recommendations included physical therapy, use of TENS, psychologic evaluation, and MRI imaging of the cervical region and right shoulder. A Utilization Review decision was rendered on 11/10/2014 recommending non-certification for a TENS unit for home use. A physical therapy note dated 11/19/2014 was also reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: TENS Unit for Home Use: Upheld

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

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

Decision rationale: Transcutaneous electrical nerve stimulation (TENS) applies electricity to the surface of the skin to improve pain control. The MTUS Guidelines support its use in managing some types of chronic pain and in acute pain after surgery. TENS is recommended as a part of a program of evidence-based functional restoration for specific types of neuropathic pain, spasticity with spinal cord injuries, and multiple sclerosis-related pain and/or muscle spasm. The documentation must demonstrate the pain was present for at least three months, other appropriate pain treatments were unable to properly manage the symptoms, a one-month trial showed improvement, the ongoing pain treatments used during the trial, and the short- and long-term goals of TENS therapy. The Guidelines also support the use of TENS for pain management during the first thirty days after surgery. The documentation must include the proposed necessity for this treatment modality. A TENS unit rental for thirty days is preferred to purchase in this situation. The submitted and reviewed documentation concluded the worker was suffering from contusions involving the right shoulder, mid-back, and upper back and right shoulder impingement syndrome. The worker was treated with physical therapy and TENS. However, there was no documentation of symptom improvement with use or discussion detailing the short- and long-term goals of TENS therapy. In the absence of such evidence, the current request for a TENS unit for home use is not medically necessary.