

Case Number:	CM14-0210062		
Date Assigned:	12/23/2014	Date of Injury:	12/10/2004
Decision Date:	02/23/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 patient is a 54-year-old woman who sustained a work-related injury on December 10, 2004. Subsequently, the patient developed chronic neck, back, knee, and shoulder pain. According to a progress report dated August 11, 2014, the patient described an achy, stinging, radiating, dull, cramping pain across the neck, and down to the shoulders, forearms, and fingers. She had numbness and tingling of the forearms, wrists, and fingers bilaterally. she also had a stabbing, nagging, burning, throbbing pain in the left knee. It was worse around the neck and shoulder areas, but improved in the left knee. The pain in the shoulder and nek areas was about 7/10. In the left knee it was intermittent, about 6-7/10. The patient has been taking Oxycodone once or twice a day. On examination, there was decreased cervical lordosis; mild valgus stress of the left knee; flexion and extension of the cervical spine were 20 degrees; rotation right and left of the cervical spine were 50 degrees; shoulders range of motion was restricted by pain. sensory examination of the upper extremities demonstrated paresthesias of digits 1 and 2 of the hand on the left, digit 1 of the hand on the right, and the lateral aspects of the elbows and forearms bilaterally. deep tendon reflexes were at 2+/4 at the biceps, triceps, and brachioradialis, and at the patella and ankle bilaterally. Motor strength: elbow flexion and extension were 4-/5 on the left and 4/5 on the right; knee extension and flexion on the left were 4-/5. Spurling's examination was positive bilaterally. Hawkins test was positive bilaterally. The patient was diagnosed with cervicobrachial syndrome, left rotator cuff impingement syndrome, bicipital tenosynovitis, ligament laxity of the left knee, and left knee pain. The provider requested authorization for 6 months of TENS Supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME Supplies: 6 months of TENS Supplies: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to MUTUS guidelines, TENS is not recommended as a primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. Furthermore, there is no clear information about the patient having a TENS unit and using it. In the progress reports of August 11, 2014 and November 26, 2014, there was no mention of a TENS unit or supplies. Therefore, the prescription of 6 months of TENS Supplies is not medically necessary.