MAXIMUS Federal Services

Case Number:	CM15-0123072		
Date Assigned:	07/07/2015	Date of Injury:	08/27/2006
Decision Date:	07/31/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/25/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 62-year-old female with an industrial injury dated 08/27/2006. The injury is documented as occurring when she tripped over a foot stool and fell injuring her left hip and shoulder. He diagnoses included fracture of intertrochanteric section of femur (closed), pain in joint involving shoulder region, pain in joint involving forearm and chronic pain syndrome. Prior treatment included medications, TENS unit, surgery and diagnostics. She presented on 05/18/2015 for follow up regarding her left hip, left shoulder and right wrist pain. She also was post fractured left wrist (05/26/2015) with a cast in place. At the visit she reported pain as 6/10, constant and dull in her left hip with burning pain down her left leg. She states the pain in her right wrist only bothers once in a while and most of the time she has no pain in it. She relates most of the pain is in her left hip. Relieving factors included lying down, taking Norco and Elavil and non-weight bearing. She states she used a TENS unit which helped her pain significantly but her insurance will not cover it anymore. She also stated the TENS unit was what helped most with the range of motion in her shoulder. Physical exam noted full range of motion of right wrist without pain. Left hip was tender to palpation over lateral upper mid-thigh. Neurological exam was intact. Treatment plan included TENS unit and medications. The treatment request is for TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation), Page(s): 114.

Decision rationale: The claimant has a remote history of a work injury occurring in August 2006 and is being treated for left hip and shoulder and right wrist pain. She had recently fallen and fractured her wrist and was wearing a cast. Prior treatments had included use of a TENS unit which had provided significant pain relief. She was requesting replacement of the units of that she could use it daily for her shoulder. There was decreased shoulder range of motion. There was left hip tenderness. There was decreased grip and lower extremity strength was a mildly antalgic gait. TENS is used for the treatment of chronic pain. TENS is thought to disrupt the pain cycle by delivering a different, non-painful sensation to the skin around the pain site. It is a noninvasive, cost effective, self-directed modality. In this case, the claimant has already used TENS with benefit and the fact the unit need to be replaced is consistent with its expected continued use and efficacy. The request was medically necessary.