

Case Number:	CM15-0123085		
Date Assigned:	07/07/2015	Date of Injury:	04/11/2014
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 65-year-old female who sustained an industrial injury on 04/11/2014 when she tripped and fell. Initial X-rays confirmed a mid-shaft humeral fracture and the injured worker underwent an open reduction internal fixation of the right humerus and a right femur closed reduction and placement of intramedullary rods. Treatment to date has included diagnostic testing, surgery, physical therapy, transcutaneous electrical nerve stimulation (TEN's) unit and medications. According to the primary treating physician's progress report on May 27, 2015, the injured worker continues to experience pain on the right lower back, right hip and right leg. The injured worker rates her pain level at 4-5/10. The injured worker started using a transcutaneous electrical nerve stimulation (TEN's) unit hourly each day and noted 50% improvement in pain and sleep. Examination of the lumbar spine demonstrated tenderness to palpation and spasm of the whole lower paraspinal muscles from L1 to the sacrum. Supine straight leg raise, Faber, Piriformis stretch and facet loading tests were negative bilaterally. Motor strength, sensory and deep tendon reflexes were intact. The examination of the right hip noted localized tenderness. Range of motion of the hip was within functional limits but uncomfortable due to pain. The right leg was tender to palpation on the anterior side but otherwise unremarkable. Current medication was noted as Naprosyn. Treatment plan consists of physical therapy for the lower back, X-rays of the lumbar spine, recommending continued Ultracet and Dendracin topical cream, modified work duties and the current request for the purchase of a transcutaneous electrical nerve stimulation (TEN's) unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit Purchasing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS for chronic pain, pages 114-117.

Decision rationale: Although the provider noted the patient with 50% improvement in pain and sleep from TENS use, treatment plan is to continue with opiates, further diagnostic and physical therapy with TENS unit purchase. Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has received extensive conservative medical treatment to include chronic analgesics and other medication, extensive physical therapy, activity modifications, yet the patient has remained symptomatic and functionally impaired. There is no documentation on how or what TENS unit is requested, nor is there any documented short-term or long-term goals of treatment with the TENS unit. There is no evidence for change in functional status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the treatment already rendered. The TENS Unit Purchasing is not medically necessary.