

Case Number:	CM15-0173353		
Date Assigned:	09/15/2015	Date of Injury:	08/31/2012
Decision Date:	10/15/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/02/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 64 year old male, who sustained an industrial injury on August 31, 2012. He reported injury to the bilateral shoulders and right hand. The injured worker was currently diagnosed as having impingement syndrome along the shoulder on the right, status post decompression and labral tear, impingement syndrome along the shoulder on the left with evidence of 90% wear of the rotator cuff and wear along AC joint, trigger finger on the right ring finger, trigger thumb on the right and chronic pain syndrome. Treatment to date has included diagnostic studies, surgery and medication. Notes stated that he was provided with a two-lead Transcutaneous Electrical Nerve Stimulation (TENS) unit in May 2014. His hot and cold wrap was reported to be worn out. On July 21, 2015, the injured worker complained of persistent shoulder pain and wrist pain along with numbness and tingling. He reported to take medication only as needed and would rather avoid injection. On August 21, 2015, the injured worker reported limitations with overhead activities. The treatment plan included medication, a four-lead TENS unit with conductive garment and a hot and cold wrap. On September 2, 2015, utilization review denied a request for a TENS unit and hot and cold wrap.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. The length of use was not specified. The claimant has had a TENS unit for over a year which is beyond the 1 month trial period. There is no mention of spasticity. The request for a TENS unit is not medically necessary.

Hot and cold wrap: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care.

Decision rationale: In this case, the claimant's shoulder injury is remote. The claimant had been on the hot cold wraps in the past. Cold therapy is only indicated for a few days after the injury. Long-term use is not indicated. The length of use was not specified. The request for the hot / cold wrap is not medically necessary.