

Case Number:	CM15-0069932		
Date Assigned:	04/17/2015	Date of Injury:	09/19/2011
Decision Date:	05/18/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/13/2015

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 39 year old male, who sustained an industrial injury on September 19, 2011. The injured worker was diagnosed as having status post C4 through C6 anterior cervical discectomy and fusion, headaches, bilateral carpal tunnel syndrome clinically, bilateral ulnar nerve cubital tunnel syndrome, stress, insomnia, carpal tunnel syndrome positive on the right on nerve conduction study on October 12, 2012, carpal tunnel syndrome positive on November 13, 2013, status post carpal tunnel release of the right hand on January 17, 2014, status post left carpal tunnel release, right shoulder posttraumatic arthritis of the acromioclavicular joint and partial rotator cuff tear, left shoulder posttraumatic arthritis of the acromioclavicular joint and partial rotator cuff tear, 3mm herniated nucleus pulposus (HNP) of C3-C4, and status post right shoulder arthroscopic subacromial decompression partial distal claviclectomy. Treatment to date has included trigger point injections, MRI, cervical fusion, bilateral carpal tunnel release, right shoulder surgery, nerve conduction study (NCS), and medication. Currently, the injured worker complains of right shoulder pain with limited range of motion (ROM), with moderate neck pain with headaches, left shoulder discomfort, mild right elbow pain, and hands and wrists have mild pain. The Treating Physician's report dated February 12, 2015, noted the injured worker's medications as Norco, Prilosec, Xanax, Ibuprofen, topical creams, Ketoprofen, Gabapentin, and Tramadol. Physical examination was noted to show decreased range of motion (ROM) of the cervical spine. The Physician recommendations included a MRI of the left shoulder, renewal of medication with the exception of removing Norco and switching with Tramadol, and a prescription for X-Force Solar Care Device.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-force solar care device TENS unit with heat purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: 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 a Transcutaneous Electrotherapy 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. There is no documented short-term or long-term goals of treatment with the X-force Solar care unit. Submitted reports have not adequately addressed or demonstrated any functional benefit or pain relief as part of the functional restoration approach to support the request for the unit without previous failed TENS trial. There is no evidence for change in functional status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the therapy treatment already rendered. MTUS Guidelines recommend TENS as an option for acute post-operative pain and states TENS is most effective for mild to moderate thoracotomy pain; however, it has been shown to be of lesser effect or not at all effective for other orthopedic surgical procedures such as in this case, the shoulder arthroscopy. Additionally, a form-fitting TENS device is only considered medically necessary with clear specific documentation for use of a large area that the conventional system cannot accommodate, or that the patient has specific medical conditions such as skin pathology that prevents use of the traditional system, that demonstrated in this situation. The X-force solar care device TENS unit with heat purchase is not medically necessary and appropriate.