

Case Number:	CM15-0073801		
Date Assigned:	04/23/2015	Date of Injury:	06/01/2004
Decision Date:	05/21/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/17/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 injured worker is a 65 year old female, who sustained an industrial/work injury on 6/1/04. She reported initial complaints of right shoulder, right hand, wrist, thumb, and neck pain. The injured worker was diagnosed as having cervico-brachial syndrome and thoracic outlet syndrome. Treatment to date has included medication, prior transcutaneous electrical nerve stimulation (TENS) unit, and surgery (right carpal tunnel release on 5/22/07). Currently, the injured worker complains of pain in the right shoulder, wrist, and both thumbs and rated 7/10. Per the primary physician's progress report (PR-2) on 2/24/15, examination revealed tenderness with palpation of the biceps tendon region, trigger points in the upper and lower trapezius muscle and sternocleidomastoid muscles, bilateral shoulder flexion weakness and bilateral elbow. Adson's, Hawkin's, and Speed's test were positive. There was intolerance to oral analgesics. The requested treatments include transcutaneous electrical nerve stimulation (TENS) unit for the right shoulder and neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit for the right shoulder and neck: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder and Neck Section, TENS Unit.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TENS unit to the right shoulder and neck are not medically necessary. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. TENS for the shoulder is recommended for post stroke rehabilitation. See the guidelines for additional details. In this case, the injured worker's working diagnoses are bicipital tenosynovitis; cervical brachial syndrome; and thoracic outlet syndrome. The most recent progress of the medical record dated February 24, 2015 states the patient's subjective complaints are consistent with objective findings. The injured worker is intolerant to non-steroidal anti-inflammatory drugs. The treating provider recommends a TENS unit would be medically appropriate and helpful. The patient has reached maximal medical improvement. TENS application to the shoulder is not clinically indicated. TENS to the shoulder is recommended for post stroke rehabilitation. Additionally, there is no documentation of a TENS unit 30 day trial. There is no documentation of ongoing physical therapy. Consequently, absent clinical documentation of a 30 day TENS trial and clinical guideline indication for shoulder TENS use, TENS unit to the right shoulder and neck are not medically necessary.