

Case Number:	CM15-0075389		
Date Assigned:	04/27/2015	Date of Injury:	11/25/2013
Decision Date:	05/27/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/20/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 44 year old male with an industrial injury dated 11/25/2013. His diagnoses included cervical spine sprain/strain, cervical radiculopathy, left shoulder tendonitis, left shoulder bursitis, left elbow sprain/strain, left wrist sprain/strain, left wrist carpal tunnel syndrome, lumbar spine sprain/strain, lumbar spine degenerative disc disease, lumbar radiculopathy and hypertension. Prior treatment included diagnostics, arthroscopic surgery of right knee, physical therapy, chiropractic treatment, steroid injection and medications. He presented on 01/27/2015 with complaints of neck pain rated as 8/10. Other complaints were left shoulder pain, left elbow pain and left wrist pain. Cervical spine range of motion was decreased. Left shoulder range of motion was decreased and painful. There was tenderness of left elbow and left wrist with decreased range of motion. Lumbar spine was also tender with decreased range of motion. This is a retrospective request for a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Transcutaneous electrotherapy Page(s): 114-116.

Decision rationale: The injured worker sustained a work related injury on 11/25/2013. The medical records provided indicate the diagnosis of cervical spine sprain/strain, cervical radiculopathy, left shoulder tendonitis, left shoulder bursitis, left elbow sprain/strain, left wrist sprain/strain, left wrist carpal tunnel syndrome, lumbar spine sprain/strain, lumbar spine degenerative disc disease, lumbar radiculopathy and hypertension. Prior treatment included arthroscopic surgery of right knee, physical therapy, chiropractic treatment, steroid injection and medications. The medical records provided for review do not indicate a medical necessity for Retrospective TENS unit. The MTUS guidelines for the use of TENS unit recommends a 30 day rental of TENS unit as an adjunct to evidence based functional restoration following three months of ongoing pain and lack of benefit with other modalities of treatment. During this period, there must be a documentation of short and long term goals, the benefit derived from the equipment; as well as a documentation of how the machine was used. Also, the guideline recommends the use of two electrode unit rather than the four electrodes. TENS unit has been found useful in the treatment of Neuropathic pain: Phantom limb pain; CRPS II; and Spasticity. The medical records reviewed do not indicate the TENS unit would be used as an adjunct to a functional restoration program; there was no documentation of the outcome of previous treatments; the request does not specify whether it is for 30-day rental or for purchase. The request is not medically necessary.