

Case Number:	CM15-0095523		
Date Assigned:	05/22/2015	Date of Injury:	10/09/2013
Decision Date:	06/24/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/18/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 was a year old female, who sustained an industrial injury, October 9, 2013. The injured worker previously received the following treatments right hand MRI was normal, TENS (transcutaneous electrical nerve stimulator) unit with benefit for the neck and back, Tramadol, Skelaxin, Meloxicam and EMG (electrodiagnostic study) of the right upper extremity showed right C6-C7 radiculopathy. The injured worker was diagnosed with right wrist ECRB tenosynovitis as evidenced by MRI, myofascial pain syndrome, right rotator cuff syndrome, right bicipital tenosynovitis, chronic pain, radiculopathy, reactive anxiety and encounter long term use of other medication. According to progress note of April 7, 2015, the injured workers chief complaint was persistent and severe right shoulder pain radiating into the shoulder. The pain was rated at 8 out of 10 at this visit. The physical exam noted the injured worker was calm and in mild pain, with no pain behaviors observed. The Hawkin's test was positive. There was tenderness noted in the parascapular muscles and subdeltoid bursa. The treatment plan included a purchase of a TENS (transcutaneous electrical nerve stimulator) unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous Electrical Nerve Stimulation Page(s): 114-116.

Decision rationale: According to MUTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. Furthermore, there is no clear information about a positive one month trial of TENS. There is no recent documentation of recent flare of her pain. The provider should document how TENS will improve the functional status and the patient's pain condition. Therefore, the prescription of TENS unit (purchase) is not medically necessary.