

Case Number:	CM15-0096796		
Date Assigned:	05/27/2015	Date of Injury:	12/20/2009
Decision Date:	07/08/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/19/2015

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: Emergency 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 55 year old female who sustained an industrial injury on 12/20/2009. The injured worker was diagnosed with right rotator cuff tear, bilateral shoulder internal derangement and myoligamentous injury, left lateral epicondylitis, left ulnar nerve entrapment and bilateral foot sprain/strain. Diagnostic testing to date include electrodiagnostic studies in December 2014, bilateral shoulder magnetic resonance imaging (MRI) in April 2014 and cervical spine magnetic resonance imaging (MRI) in September 2014. There was no clear documentation of invasive procedures performed. According to the primary treating physician's progress report on February 4, 2015, the injured worker continues to experience pain in the bilateral shoulders, left elbow and feet. Examination of the bilateral shoulders demonstrated decreased range of motion and tenderness to palpation and spasm to the anterior, lateral and posterior areas. The left elbow was tenderness at the epicondyle with muscle spasm of the dorsal and lateral forearm. Range of motion of the left elbow was within normal limits. The dorsal aspects of the feet were noted to be painful with full range of motion bilaterally. As of September 2014 recent medications were listed as Naprosyn, Flexeril, Prilosec and topical analgesics. Treatment plan consists of orthopedic consultation for the bilateral shoulder and left elbow, follow-up with pain management, extracorporeal shockwave therapy left elbow and the current retrospective request for a transcutaneous electrical nerve stimulation (TEN's) unit for home use, bilateral shoulders/hands/wrist (2/26/14).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: TENS unit for home use, bilateral shoulders/hands/wrist (2/26/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic,(transcutaneous electrical nerve stimulation), pages 114 - 116 Page(s): 114-116.

Decision rationale: The requested Retrospective: TENS unit for home use, bilateral shoulders/hands/wrist (2/26/14) is not medically necessary. Chronic Pain Medical Treatment Guidelines, TENS, chronic, (transcutaneous electrical nerve stimulation), pages 114 - 116, note "Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration". The injured worker has pain in the bilateral shoulders, left elbow and feet. Examination of the bilateral shoulders demonstrated decreased range of motion and tenderness to palpation and spasm to the anterior, lateral and posterior areas. The left elbow was tenderness at the epicondyle with muscle spasm of the dorsal and lateral forearm. Range of motion of the left elbow was within normal limits. The dorsal aspects of the feet were noted to be painful with full range of motion bilaterally. The treating physician has not documented a current rehabilitation program, or objective evidence of functional benefit from electrical stimulation under the supervision of a licensed physical therapist or home use. The criteria noted above not having been met, Retrospective: TENS unit for home use, bilateral shoulders/hands/wrist (2/26/14) is not medically necessary.