

Case Number:	CM15-0099220		
Date Assigned:	06/01/2015	Date of Injury:	01/10/2007
Decision Date:	07/07/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/22/2015

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, Hawaii
 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 42 year old, right-handed female, who sustained an industrial injury on January 10, 2007. She reported right shoulder pain with radiating pain to the upper extremity with associated burning and tingling. The injured worker was diagnosed as having complex regional pain involving the right upper quadrant and extremity, status post right shoulder arthroscopy and repair of a partial rotator cuff tear, status post right carpal tunnel release, cervical degenerative disc disease with cervical radiculopathy, chronic myofascial pain secondary to rotator cuff tendinopathy and cervical degenerative disc disease, chronic pain related anxiety and depression and right forearm and hand dystonia secondary to CRPS-1. Treatment to date has included diagnostic studies, radiographic imaging, surgical intervention of the shoulder and wrist, conservative care, home exercises, medications and work restrictions. Currently, the injured worker complains of continued right shoulder pain with radiating pain to the upper extremity with associated burning and tingling as well as poor sleep, depression and a labile mood. The injured worker reported an industrial injury in 2007, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. She reported only being able to use the right hand for simple and light activities. She noted using the left hand for all self-care activities. Evaluation on March 12, 2015, revealed continued pain as noted. A TENS unit was recommended. Evaluation on April 13, 2015, revealed continued pain with associated symptoms as noted. A TENS evaluation and instruction session and a home TENS unit were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit for Home use 30 days: Overturned

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

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

Decision rationale: The patient presents with diagnoses as having complex regional pain involving the right upper quadrant and extremity, status post right shoulder arthroscopy and repair of a partial rotator cuff tear, status post right carpal tunnel release, cervical degenerative disc disease with cervical radiculopathy, chronic myofascial pain secondary to rotator cuff tendinopathy and cervical degenerative disc disease, chronic pain related anxiety and depression and right forearm and hand dystonia secondary to CRPS-1. Currently the patient complains of right shoulder pain with radiating pain to the upper extremity with associated burning and tingling as well as poor sleep, depression and a labile mood. The current request is for TENS Unit for Home use 30 days. The treating physician states in the 3/12/15 (24B) treating report that, "she would benefit from a home TENS unit for adjuvant pain control and I do recommend a short course of physical therapy for adjustment of her TENS unit." MTUS Guidelines regarding the use of a TENS unit state, "TENS units have no proven efficacy in treating chronic pain and are not recommend as a primary treatment modality, but a one month home based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, or Multiple Sclerosis." In this case, the treating physician has diagnosed the patient with CRPS and has laid out a plan for the patient to try a TENS unit for home use for 30 days along with a total of four physical therapy visits. The proposed treatment plan is consistent with MTUS Guidelines. The current request is medically necessary.

TENS Evaluation and Instructions (1 visit after receiving TENS unit): Overturned

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

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

Decision rationale: The patient presents with diagnoses as having complex regional pain involving the right upper quadrant and extremity, status post right shoulder arthroscopy and repair of a partial rotator cuff tear, status post right carpal tunnel release, cervical degenerative disc disease with cervical radiculopathy, chronic myofascial pain secondary to rotator cuff tendinopathy and cervical degenerative disc disease, chronic pain related anxiety and depression and right forearm and hand dystonia secondary to CRPS-1. Currently the patient complains of right shoulder pain with radiating pain to the upper extremity with associated burning and tingling as well as poor sleep, depression and a labile mood. The current request is for TENS

Evaluation and Instructions (1 visit after receiving TENS unit). The treating physician states in the 3/12/15 (24B) treating report that, "she would benefit from a home TENS unit for adjuvant pain control and I do recommend a short course of physical therapy for adjustment of her TENS unit." The physician goes on to state in the treatment recommendation section, "physical therapy total of four visits." MTUS Guidelines regarding the use of a TENS unit state, "TENS units have no proven efficacy in treating chronic pain and are not recommend as a primary treatment modality, but a one month home based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, or Multiple Sclerosis." In this case, the treating physician has diagnosed the patient with CRPS and has laid out a plan for the patient to try a TENS unit for home use for 30 days along with a total of four physical therapy visits. Therefore it is only logical that if the TENS unit home trial for 30-days were approved that the patient would need to be taught how to use the unit. The proposed treatment plan is consistent with MTUS Guidelines. The current request is medically necessary.