

Case Number:	CM14-0103457		
Date Assigned:	07/30/2014	Date of Injury:	05/24/2007
Decision Date:	09/29/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	07/03/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 63-year-old female who reported an injury on 05/24/2007 due to an unknown mechanism. Diagnoses were cervical strain, status post right shoulder rotator cuff repair in 2003, low back strain, lumbar facet syndrome, lumbar discopathy, right knee total joint arthroplasty, and right septic knee. Past treatments were stellate ganglion block, epidural steroid injections, physical therapy, and ankle and knee brace. Diagnostic studies were MRI of the right shoulder, MRI of the right knee, and x-ray of the right knee. Surgical history was right shoulder rotator cuff repair, and right knee total joint arthroplasty. Physical examination on 05/24/2014 revealed complaints of neck pain that worsened with lifting and raising the arm as well as head rotation. The pain was rated a 6/10 on the pain scale. It was reported that the pain was relieved with physical therapy and medications. Examination of the right leg revealed decreased pain in the medial and lateral knee on the right. There was tenderness noted on the right knee. There was effusion noted on the right knee. There was swelling and edema also. Lower extremity reflexes for the right knee was absent. Medications were naproxen, omeprazole, tizanidine, Darvocet, and a transdermal compounded medication. The treatment plan was for the use of a TENS unit for 46 days. The rationale was submitted. The Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (transcutaneous electrical nerve stimulation) unit for the right leg x 46 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, post operative pain Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, page 114-116, NMES, page 121, Interferential Current Stimulation, page 118 Page(s): 114-116; 121; 118.

Decision rationale: The request for TENS (transcutaneous electrical nerve stimulation) unit for the right leg x 46 days is not medically necessary. The California Medical Treatment Utilization Schedule recommends a 1 month trial of a TENS unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial, there must be documentation of at least 3 months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. They do not recommend neuromuscular electrical stimulation (NMES devices) as there is no evidence to support its use in chronic pain. They do not recommend interferential current stimulation (ICS) as an isolated intervention. The injured worker reported that physical therapy was helping to alleviate her pain. The medical Guidelines state that the use of a transcutaneous electrical neuro stimulator should be used in adjunct with another evidence-based functional restoration program. Therefore, the request for TENS (transcutaneous electrical nerve stimulation) unit for the right leg x 46 days is not medically necessary.