

Case Number:	CM14-0148117		
Date Assigned:	09/18/2014	Date of Injury:	10/19/2009
Decision Date:	10/21/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/11/2014

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 Occupational Medicine and is licensed to practice in California. 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:

According to the records made available for review, this is a 47-year-old female with a 10/19/09 date of injury. At the time (9/3/14) of request for authorization for TENS Unit, there is documentation of subjective (moderate to severe pain in the right upper extremity and right shoulder) and objective (decreased cervical range of motion, tenderness over the paracervical muscles, positive Hawkin's test, decreased bilateral shoulder range of motion, and decreased reflexes of the bilateral upper extremities) findings, current diagnoses (repetitive stress injury upper extremities, mild bilateral carpal tunnel syndrome, right shoulder pain, myofascial pain, and right cervical facet syndrome), and treatment to date (physical therapy, cervical injections, medications, and ongoing therapy with TENS unit with 75% pain relief). Medical report identifies a request for replacement TENS unit for myofascial pain and since the unit is in disrepair. There is no documentation of how often the unit was used and outcomes in function during the trial period; and a clear rationale for the replacement of DME already in use (malfunction or breakdown).

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) Page(s): 113-117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Durable medical equipment (DME)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit, as criteria necessary to support the medical necessity of a month trial of a TENS unit. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of how often the unit was used, outcomes in terms of pain relief and function, and other ongoing pain treatment during the trial period (including medication use), as criteria necessary to support the medical necessity of continued TENS unit. ODG identifies documentation that the requested durable medical equipment (DME) can withstand repeated use (i.e. could normally be rented, and used by successive patients); and is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, as criteria necessary to support the medical necessity of durable medical equipment. In addition, medical practice standard of care necessitate documentation of a clear rationale for the replacement of DME already in use, such as malfunction or breakdown. Within the medical information available for review, there is documentation of diagnoses of repetitive stress injury upper extremities, mild bilateral carpal tunnel syndrome, right shoulder pain, myofascial pain, and right cervical facet syndrome. In addition, there is documentation of ongoing treatment with the TENS unit with 75 % pain relief and other ongoing pain treatment during the trial period (including medication use). However, there is no documentation of how often the unit was used and outcomes in function during the trial period. In addition, despite documentation of a request for replacement TENS unit since the unit is in disrepair, there is no documentation of a clear rationale for the replacement of DME already in use (malfunction or breakdown). Therefore, based on guidelines and a review of the evidence, the request for TENS unit is not medically necessary.