MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Independent Medical Review Final Determination Letter

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[redacted]

Dated: 12/27/2013

IMR Case Number:	CM13-0009423	**Date of Injury:**	07/20/2012
Claims Number:	[redacted]	**UR Denial Date:**	07/23/2013
Priority:	STANDARD	**Application Received:**	08/09/2013
Employee Name:	[redacted]		
Provider Name:	[redacted] MD		
Treatment(s) in Dispute Listed on IMR Application:			
RPLACEMENT TENS UNIT			

DEAR [redacted] ,

MAXIMUS Federal Services has completed the Independent Medical Review ("IMR") of the above workers' compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers' Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers' Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [redacted]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [redacted]
- [redacted]
- [redacted]
- [redacted]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The underlying date of injury in this case is 07/20/2012. This patient's treating diagnosis is mild to moderate right carpal tunnel syndrome. Treating physician notes on 11/13/2013 indicate that an EMG had demonstrated carpal tunnel syndrome and that the patient could not perform active range of motion due to pain although had a Tinel's sign and numbness and tingling in digits 1-2. The patient had been advised to return to modified work on 07/11/2013 with specific restrictions. The patient reported that her symptoms would interfere with sleep and state that her TENS unit was stolen at work and was requesting replacement to help with spasms. An initial physician review noted that the documentation did not support objective and functional gains as a result of the prior TENS unit, particularly as the patient remained with specific work restrictions.

Treating physician notes are consistent with the prior physician review and are handwritten with limited clinical detail. However, supplementary report of 06/27/2013 does summarize the patient's history including electrodiagnostic studies of June 2013 which demonstrated evidence of mild to moderate right carpal tunnel syndrome.

IMR DECISION(S) AND RATIONALE(S)

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

1. Replacement TENS unit is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, TENS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), page 114, which is part of the MTUS.

The Physician Reviewer's decision rationale:
The California Medical Treatment Utilization Schedule Section on TENS for Chronic Pain on page 114 states, "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…published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness." Thus the guidelines express concern about the possible long-term effectiveness of the TENS unit in any event to support the use of such device based on evidence of progress in an active functional restoration program. The medical records at this time discuss to some extent symptomatic relief but do not clearly discuss functional goals or functional benefit from past use of a TENS unit. Therefore, the guidelines have not been met. This request is not medically necessary.

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

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