

Case Number:	CM13-0023130		
Date Assigned:	11/15/2013	Date of Injury:	05/16/2011
Decision Date:	02/03/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/11/2013

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. 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 patient is a 44-year-old female who reported injury on 05/16/2011 with a mechanism of injury that was not provided. The patient was noted to have pain in the right shoulder, arm, and thumb. The pain was noted to be moderate. The patient was noted to have neck pain, muscle weakness, joint pain, and joint swelling. The diagnoses were noted to include pain in joint involving shoulder region, RSD upper extremity, pain in hand, chronic pain syndrome, and myalgia and myositis unspecified. The request was made for DME. However, per the application for Independent Medical Review, the request was for a TENS unit for the right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 115-116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, DME, online version

Decision rationale: Official Disability Guidelines indicate DME is supported if there is a medical need and the device or system meets Medicare's definition of durable medical

equipment. Durable medical equipment is defined as that which can withstand repeated use, could normally be rented and used by successive patients, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in the patient's home. As per the submitted documentation via the application for Independent Medical Review, the request was for a TENS unit. California MTUS 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. The clinical documentation submitted for review failed to indicate the patient had tried all other appropriate pain modalities and had failed, including medications. Given the above and the lack of clarification, the request for DME is not medically necessary.