

Case Number:	CM13-0057532		
Date Assigned:	12/30/2013	Date of Injury:	04/25/2013
Decision Date:	04/11/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/25/2013

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 Orthopedic Surgery 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:

The claimant is a 60-year-old gentleman who was injured in a work related accident on February 25, 2013. The clinical records provided for review included a December 11, 2013 progress report documenting a current diagnosis of elbow contusion and follow-up of right triceps tendon tear. The progress report documented that the claimant underwent a surgical repair of the triceps tendon on September 11, 2013 and has since completed twelve sessions of postoperative therapy. The claimant was documented to utilize a TENS unit. Physical examination showed 4+/5 strength with extension and a normal neurologic evaluation. The recommendation was made for continued use of a combination TENS device with purchase of supplies for an additional three months.

IMR ISSUES, DECISIONS AND RATIONALES

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

GSMHD COMBO WITH H&N-FOUR LEAD QUANTITY 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 11th Edition, 2013, Elbow, Transcutaneous electrical neurostimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS)/Transcutaneous electrotherapy Page(s): 114-11.

Decision rationale: Based on California MTUS Chronic Pain 2009 Guidelines, the request for a TENS device in this setting would not be indicated. The Chronic Pain Guidelines recommend the use of TENS as an acute option for the first 30 days following surgery. The records reviewed document that the claimant's surgical process occurred in September of 2013. The use of a TENS device at present is well.

PURCHASE ELECTRODES 8 PRS PER MONTH QUANTITY 3: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary

PURCHASE OF BATTERIES 6 PER MONTH QUANTITY 3: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.