

Case Number:	CM13-0059999		
Date Assigned:	12/30/2013	Date of Injury:	10/17/2003
Decision Date:	04/10/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/02/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 patient is a 72-year-old who reported injury on 10/17/2003. The mechanism of injury was noted to be cumulative trauma. The DWC form dated 09/23/2013 requested supplies for a TENS unit. The diagnoses were noted to include left thumb stenosing tenosynovitis, left basal joint degenerative trauma arthritis, right little finger stenosing tenosynovitis status post cortisone injection, and status post carpal tunnel release 2010.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONDUCTIVE LUMBAR GARMENT (TENS SUPPLIES): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation) Page(s): 115, 116.

Decision rationale: California MTUS Guidelines indicate that a form fitting TENS device is only considered medically necessary when there is documentation there is such a large area that requires stimulation that a conventional system cannot accommodate treatment, that the patient has medical conditions such as skin pathology that prevent the use of the traditional system, or the TENS unit is to be used under a cast. The clinical documentation submitted for review failed

to provide documentation of the efficacy and objective functional benefit of the TENS unit. There was a lack of documentation to accompany the DWC Form RFA request to support the necessity for a TENS unit conductive lumbar garment. Given the above, the request for a Conductive Lumbar Garment (TENS supplies) is not medically necessary.

SKIN PREP SPRAY (TENS SUPPLIES): 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.