MAXIMUS Federal Services

Case Number:	CM14-0001102		
Date Assigned:	01/22/2014	Date of Injury:	12/22/2010
Decision Date:	06/16/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/03/2014

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 Physical Medicine & Rehabilitation 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 injured worker is a 62 year old female who reported an injury on 12/22/10. The clinical note dated 01/09/2014 indicates the injured worker reported pain level as moderate rated 4-5/10. The injured worker reported pain in her neck, wrist, low back and both knees with too much activity. The injured worker underwent acupuncture with mild relief of pain. The physical exam noted bilateral knee flexion was 130 degrees, right wrist flexion was 60 degrees, cervical spine flexion was 60 degrees, and lateral spine flexion was 70 degrees. The injured worker had diagnoses of cervical myoligamentous sprain/strain, right wrist carpal tunnel syndrome, lumbosacral myoligamentous sprain/strain, and bilateral knee patellofemoral pain syndrome and status post wrist carpal tunnel decompression. The clinical note dated 11/13/2013 noted the provider indicated the injured worker failed a TENS unit in the past. The provider requested a multi-stem unit for home use, the authorization for the request was provided and dated 12/04/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

MULTI-STIM UNIT FOR HOME USE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

Decision rationale: A multi-stim unit is able to administer three types of therapy; TENS, interferential therapy, and neuromuscular stimulation. The MTUS Chronic Pain Guidelines note TENS is not recommended as a primary treatment modality, but 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. The MTUS Chronic Pain Guidelines also note there must be documentation of pain of at least three months duration, also there must be evidence the injured worker tried and failed other pain modalities. The MTUS Chronic Pain Guidelines also note a one month trial period of the TENS unit should be accompanied by documentation of how often the unit was used, as well as outcomes in terms of pain relief and function, in addition to a treatment plan including the specific short and long term goals of treatment with the TENS unit. There was a lack of documentation of the treatment plan and goals of the TENS unit for the injured worker. The request submitted does not meet the MTUS Chronic Pain Guidelines' recommendations. Therefore, the request is not medically necessary and appropriate.