MAXIMUS Federal Services

Case Number:	CM14-0001859		
Date Assigned:	01/22/2014	Date of Injury:	05/31/2011
Decision Date:	06/10/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/07/2014

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 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 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 34 year old male who reported an injury to his right elbow and left arm on 05/31/2011 after he was struck by a container. The clinical note dated 12/12/2013 indicated a diagnosis of persistent pain following repair of nonunion left ulna followed by harware removal left ulna. On physical exam of the left upper extremity, there was persistent tenderness over the surgical site. The unofficial radiographs of the left ulna showed the fracture was completely healed. The injured worker's medication regimen included Ibuprofen and Terocin patches. The request is for a TENS unit for the left forearm for refractory pain. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTRODES PURCHASE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-117.

Decision rationale: The request for electrodes purchase is not medically necessary. As the TENS unit is not medically necessary the medical necessity of the electrodes cannot be

established. Therefore, per the Chronic Pain Medical Treatment Guidelines, the request for electrodes purchase is not medically necessary.

BATTERIES PURCHASE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-117.

Decision rationale: The request for batteries purchase is not medically necessary. As the TENS unit is not medically necessary. the medical necessity of the electrodes cannot be established. Therefore, per the Chronic Pain Medical Treatment Guidelines, the request for Batteries purchase is not medically necessary.

LEADS PURCHASE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-117.

Decision rationale: The request for Leads purchase is not medically necessary. As the TENS unit is non-certified the medical necesity of the electrodes cannot be established. Therefore, per the California Chronic Pain Medical Treatment Guidelines, the request for Leads purchase is not medically necessary.

TENS UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, CHRONIC PAIN (TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION) P.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-117.

Decision rationale: The request for TENS UNIT is not medically necessary. The injured worker was diagnosed with persistent pain following repair of nonunion left ulna followed by hardware removal left ulna. The Chronic Pain Medical Treatment Guidelines do not recommend the TENS unit 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 criteria for the use of TENS include; documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a one-month trial period of the TENS unit should be documented (as an adjunct ongoing treatment modalities within a functional restoration

approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial, other ongoing pain treatment should also be documented during the trial period including medication usage, a treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted and 2-lead unit is generally. Given the above the request is not medically necessary.