MAXIMUS Federal Services

Case Number:	CM14-0008721		
Date Assigned:	02/12/2014	Date of Injury:	10/11/2013
Decision Date:	08/05/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/21/2014

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 Occupational Medicine 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:

This is a 36-year-old male with a 10/11/13 date of injury. He fell off a height of approximately 20 feet and loss consciousness. He fractures his left middle finger and required sutures to the skull and shin. On 12/6/13, the patient had left knee pain that was not controlled with Tramadol. Objective exam was of the left knee crepitus. On 12/4/13, the plan of care was noted for a home transcutaneous electrical nerve stimulation/electrical muscle stimulation (TENS/EMS) unit to help increase range of motion (ROM) and decrease pain. Diagnostic impression is Headache, post-traumatic, status-post (s/p) head injury. The treatment to date has been medication management, activity modification, and physical therapy. A UR decision dated 1/2/14 denied the request based on the clinical information submitted for this review. The exact reason for the denial was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME TENS/EMS UNIT TO HELP INCREASE ROM AND DECREASE PAIN - PURCHASE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (updated 11/14/13), TENS, Chronic Pain (Transcutaneous Electrical Nerve Stimulation) and Official Disability Guidelines (ODG), Pain Chapter (updated 11/14/13), Neuromuscular Electrical Stimulation (NMES Devices).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 9792.24.2 Page(s): 114-116.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. Criteria for the use of TENS unit include chronic intractable pain is pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. However, this request is for a purchase of a combination transcutaneous electrical nerve stimulation/electrical muscle stimulation (TENS/EMS) unit. There is no description that the patient has had a successful TENS unit trial prior to this request for a purchase. In addition, there is no clear description of where the patient will be using the TENS unit. Therefore, the request for home transcutaneous electrical nerve stimulation/electrical muscle stimulation (TENS/EMS) unit to help increase range of motion and decrease pain (purchase) was not medically necessary.