

Case Number:	CM14-0016424		
Date Assigned:	04/11/2014	Date of Injury:	01/18/2013
Decision Date:	08/08/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/10/2014

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 Nevada. 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 records presented for review indicate that this 40-year-old male was reportedly injured on January 18, 2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated December 18, 2013, indicates that there are ongoing complaints of low back pain radiating to the lower extremities and left wrist pain. No physical examination was performed on this date. A physical examination on a prior visit dated October 30, 2013, indicates tenderness over the scaphoid and snuffbox region of the left wrist with generalized swelling. An x-ray of the left wrist noted a displaced scaphoid fracture. There was a recommendation for continued management of a scaphoid fracture by a hand surgeon, a psychiatric evaluation for depression, a lumbar sacral MRI, and pain management consultation for narcotic medication management. Prior treatment has included lumbar epidural steroid injections. A request was made for the use of an inferential/TENS unit, a four pack of electrodes, batteries, and set up and delivery, which were not certified in the pre-authorization process on January 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERFERENTIAL UNIT/TENS UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM GUIDELINES, TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 114-115.

Decision rationale: According to the most recent medical records the injured employee does complain of low back pain however there is no mention or objective confirmation of radicular symptoms. The use of a tens unit is only indicated for neuropathic pain syndromes and then only after other conservative treatment methods including medications have been tried and failed. Even then there should be a one-month home-based trial of this equipment. This request for the use of a inferential unit/TENS unit is not medically necessary.

ELECTRODES 4/PACK, 1 YEAR SUPPLY: 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 DME (Durable Medical Equipment) is not medically necessary, none of the associated supplies are medically necessary.

BATTERIES, 1 YEAR SUPPLY: 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 DME (Durable Medical Equipment) is not medically necessary, none of the associated supplies are medically necessary.

SET UP AND DELIVERY (A9901): 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 DME (Durable Medical Equipment) is not medically necessary, none of the associated services are medically necessary.