

Case Number:	CM14-0173943		
Date Assigned:	10/27/2014	Date of Injury:	06/09/2014
Decision Date:	12/04/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/22/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for hand, wrist, forearm, and upper extremity pain reportedly associated with an industrial contusion injury of June 9, 2014. In a Utilization Review Report dated October 13, 2014, the claims administrator denied a request for a multimodality TENS-EMS device with an associated two months of supplies. The applicant's attorney subsequently appealed. The article at issue was apparently sought via a September 30, 2014 request for authorization (RFA) form. No narrative commentary was attached to the same. In a Doctor's First Report (DFR) dated August 29, 2014, the applicant reported complaints of hand pain, wrist pain, elbow pain, and shoulder pain. The attending provider posited that the applicant developed a reflex sympathetic dystrophy following a traumatic crush injury. Physical therapy, pain management consultation, psychological evaluation, conventional TENS unit, a brace, and stellate ganglion blocks were endorsed while the applicant was kept off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS/EMS plus two months of supplies: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist & Hand (Acute & Chronic), (updated 8/8/14), TENS

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation Page(s): 121.

Decision rationale: The TENS-EMS unit with an associated two months of supplies is not medically necessary. The EMS component to the multimodality device represents a form of neuromuscular electrical stimulation (NMES). However, as noted on page 121 of the MTUS Chronic Pain Medical Treatment Guidelines, neuromuscular electrical stimulation is not recommended outside of the post stroke rehabilitative context. NMES, per page 121 of the MTUS Chronic Pain Medical Treatment Guidelines, is not recommended in the chronic pain context present here. In this case, the attending provider did not attach any narrative commentary, applicant-specific rationale, or progress note to the September 30, 2014 RFA form on which the article at issue was sought. Since one component in the multimodality device is not recommended, the entire device is not recommended. Therefore, the request is not medically necessary.