

Case Number:	CM14-0040697		
Date Assigned:	06/27/2014	Date of Injury:	01/13/2014
Decision Date:	08/19/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/07/2014

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 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 injured worker is a 63-year-old female was reportedly injured on January 13, 2014. The injured employee was reportedly involved in a motor vehicle accident. As outlined in a previous non-certification, treatment to date had included chiropractic care, neurological evaluation, physical therapy and imaging studies. The left wrist was in a splint. There was a reference progress note indicating tenderness to palpation as well as impingement syndrome of the left elbow. Diagnostic imaging studies were not presented for review. A request was made for a transcutaneous electrical nerve stimulation unit and was not certified in the pre-authorization process on March 4, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One month home-based trial of neuromstimulator TEN-EMS (cervical Lumbar spine and left upper extremity): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113-116 of 127.

Decision rationale: The first point to make is that there were no clinical records presented for review. The clinical information was gleaned from the previous non-certification documents reviewed. The standards for using a transcutaneous electrical nerve stimulation (TENS) unit include a trial within a physical therapy protocol to determine if there is any noted efficacy or utility. Furthermore, the California Medical Treatment Utilization Schedule notes that a TENS unit should not be the primary modality. With the lack of medical records, there is no medical necessity established for this device.