

Case Number:	CM14-0043328		
Date Assigned:	06/20/2014	Date of Injury:	11/10/2013
Decision Date:	11/21/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/17/2014

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 Internal Medicine and is licensed to practice in Virginia and District of Columbia. 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 52 year old patient who sustained injury on Nov 10 2013 . She sustained injury to upper back and shoulders, as well as to her lower back. She was diagnosed with cervical radiculopathy and neuropathy. She was also found to have a chest wall contusion. She was prescribed tramadol, motrin, valium, protonix. A Transcutaneous Electrical Nerve Stimulation (TENS) unit was requested as well as a [REDACTED] Deep vein thrombosis (DVT) System. She also had chiropractic therapy, acupuncture and physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] 4 DVT system 8 week rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Chapter- Shoulder, Continuous-flow cryotherapy, venous thrombosis

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <neck and upper , continuous flow cryotherapy

Decision rationale: MTUS and ACOEM do not specifically address this device. Per ODG, it is not recommended in the neck but is recommended as an option after shoulder surgery, but not for

nonsurgical treatment. Postoperative use generally may be up to seven days, including home use. This patient did not have any risk factors for Deep vein thrombosis (DVT) and a [REDACTED] device would not be indicated. The request is not medically necessary and appropriate.

TENS unit, 4 weeks rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical stimulation).

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

Decision rationale: Per MTUS, Criteria for the use of TENS: Chronic intractable pain (for the conditions noted above): - Documentation of pain of at least three months duration. - There is 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 to 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.- A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. Form-fitting TENS device: This is only considered medically necessary when there is documentation that there is such a large area that requires stimulation that a conventional system cannot accommodate the treatment, that the patient has medical conditions (such as skin pathology) that prevents the use of the traditional system, or the TENS unit is to be used under a cast (as in treatment for disuse atrophy). Per clinical documentation provided, it is not clear that the patient had failed medical interventions and exam findings did not demonstrate neurologic defects to warrant usage of this device. The request is not medically necessary and appropriate.