

Case Number:	CM14-0078481		
Date Assigned:	07/18/2014	Date of Injury:	06/07/2013
Decision Date:	09/30/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	05/28/2014

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 36 year-old male who was reportedly injured on 6/7/2013. The mechanism of injury is noted as a fall. The most recent progress note dated 5/2/2014. Indicates that there are ongoing complaints of right wrist pain postop. The physical examination demonstrated right wrist: no signs of infection, incision healing well, no dehiscence. Spasm of the forearm musculature decreased. No recent diagnostic studies in the last 6 months for review. Previous treatment includes right wrist surgery, physical therapy, tens unit, heat and cold therapy, and medications. A request was made for transcutaneous electrical nerve stimulation unit (purchase), electrodes, battery, lead wire and was denied in the pre-authorization process on 5/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Digital TENS unit for date of service 5/20/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116.

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

Decision rationale: The California Medical Treatment Utilization Schedule recommends against using a transcutaneous electrical nerve stimulation (TENS) unit as a primary treatment modality and indicates that a one-month trial must be documented prior to purchase of the unit. Based on the clinical documentation provided, the TENS unit is being used as a primary treatment modality. Furthermore, the California Medical Treatment Utilization Schedule notes that an appropriate trial should include documentation of how often the unit was used, the outcomes in terms of pain relief and reduction, and there is no noted efficacy provided in the progress of presented for review. As such, the request for purchase of a TENS unit is considered not medically necessary.

Electrodes for TENS unit for date of service 5/20/14 #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116.

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

Decision rationale: After review the medical records provided the request for a TENS unit (purchase) was not authorized. Therefore the request for electrodes for TENS unit are deemed not medically necessary.

Battery for TENS unit for date of service 5/20/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116.

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

Decision rationale: After review the medical records provided the request for transcutaneous electrical nerve stimulation unit was not authorized. Therefore this request for TENS unit batteries deemed not medically necessary.

Lead wire for TENS unit for date of service 5/20/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116.

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

Decision rationale: After review the medical records provided the request for a TENS unit was not approved. Therefore the request for lead wire for a TENS unit is deemed not medically necessary at this time.