MAXIMUS Federal Services

Case Number:	CM13-0019140		
Date Assigned:	01/03/2014	Date of Injury:	08/08/2011
Decision Date:	03/24/2015	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/03/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 33-year-old male who reported an injury on 08/08/2011, due to an unspecified mechanism of injury. On 07/11/2013, he presented for a followup evaluation with persistent right wrist pain rated at 4/10. He was noted to be taking Topamax for headaches. A physical examination showed tenderness at the right wrist, with range of motion near normal, with some discomfort on extension and radial deviation. Strength was 5/5 in the bilateral upper extremities. Otherwise, no gross change was noted. He was diagnosed with chronic posttraumatic headache, right wrist pain, and insomnia secondary to pain. The treatment plan was for a power pack for electrodes 2 inches round N/S with round for purchase, power pack for purchase, TT and SS leadwire for purchase, and decision for adhesive removal towel mint for purchase #95.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrodes 2 inches round n/s with round for purchase #24: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116-117.

Decision rationale: The requested medical equipment is consistent with equipment that is used for a TENS unit. The California MTUS Guidelines state that while using a TENS unit, there should be documentation of how long the unit was used, how often the unit was used, and response in terms of pain relief and functional improvement. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the right wrist. However, there was a lack of documentation showing the use of a TENS unit to support the request. Also, if the injured worker was, or is, using a TENS unit, there was a lack of documentation regarding how often the unit was used, the duration of use, and outcomes in terms of pain relief and improvement in function. Therefore, the request is not supported. As such, the request is not medically necessary.

Power pack for purchase #72: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116-117.

Decision rationale: The requested medical equipment is consistent with equipment that is used for a TENS unit. The California MTUS Guidelines state that while using a TENS unit, there should be documentation of how long the unit was used, how often the unit was used, and response in terms of pain relief and functional improvement. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the right wrist. However, there was a lack of documentation showing the use of a TENS unit to support the request. Also, if the injured worker was, or is, using a TENS unit, there was a lack of documentation regarding how often the unit was used, the duration of use, and outcomes in terms of pain relief and improvement in function. Therefore, the request is not supported. As such, the request is not medically necessary.

TT and SS Leadwire for purchase #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116-117.

Decision rationale: The requested medical equipment is consistent with equipment that is used for a TENS unit. The California MTUS Guidelines state that while using a TENS unit, there should be documentation of how long the unit was used, how often the unit was used, and response in terms of pain relief and functional improvement. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding

the right wrist. However, there was a lack of documentation showing the use of a TENS unit to support the request. Also, if the injured worker was, or is, using a TENS unit, there was a lack of documentation regarding how often the unit was used, the duration of use, and outcomes in terms of pain relief and improvement in function. Therefore, the request is not supported. As such, the request is not medically necessary.

Adhesive remover towel mint for purchase #96: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116-117.

Decision rationale: The requested medical equipment is consistent with equipment that is used for a TENS unit. The California MTUS Guidelines state that while using a TENS unit, there should be documentation of how long the unit was used, how often the unit was used, and response in terms of pain relief and functional improvement. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the right wrist. However, there was a lack of documentation showing the use of a TENS unit to support the request. Also, if the injured worker was, or is, using a TENS unit, there was a lack of documentation regarding how often the unit was used, the duration of use, and outcomes in terms of pain relief and improvement in function. Therefore, the request is not supported. As such, the request is not medically necessary.