MAXIMUS Federal Services

Case Number:	CM15-0199712		
Date Assigned:	10/14/2015	Date of Injury:	12/16/2014
Decision Date:	12/01/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/12/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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] beneficiary who has filed a claim for chronic wrist and forearm pain reportedly associated with an industrial injury of December 16, 2014. In a Utilization Review report dated December 30, 2015, the claims administrator failed to approve a request for a TENS unit with an associated conductive glove. A September 18, 2015 office visit was referenced in the determination. On a Doctor's First Report (DFR) dated September 18, 2015, the applicant apparently transferred care to a new primary treating provider (PTP). The applicant reported residual complaints of wrist and hand pain status post implantation of an earlier skin graft about the same. Occupational therapy and a home TENS unit with associated conductive glove were endorsed. The applicant was placed off work, on total temporary disability. There was no mention of the applicant is having previously employed the TENS unit in question on a trial basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) TENS unit with conductive glove: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: No, the request for a TENS unit with associated conductive glove [purchase] was not medically necessary, medically appropriate, or indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, provision of TENS unit on a purchase basis is predicated on evidence of a favorable outcome during an earlier one-month trial of the same, and beneficial outcome present in terms of both pain relief and function. Here, however, the attending provider seemingly prescribed and/or dispensed the device in question on September 18, 2015 without having the applicant first undergo a one-month trial of the same. Page 116 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that a conductive garment or forearm-fitting TENS device should only be furnished in applicants who have such a large area which requires stimulations that a conventional system cannot accommodate the treatment. Here, however, the applicant's pain complaints were relatively confined to the wrist and forearm, seemingly arguing against the need for the conductive glove component of the request. Therefore, the request was not medically necessary.