

Case Number:	CM15-0207650		
Date Assigned:	10/26/2015	Date of Injury:	06/19/1995
Decision Date:	12/15/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/21/2015

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: Minnesota, Florida
Certification(s)/Specialty: Orthopedic Surgery

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 59 year old male, who sustained an industrial-work injury on 6-19-95. He reported initial complaints of right leg pain. The injured worker was diagnosed as having above the knee amputation with phantom limb pain. Treatment to date has included medication, surgery (above the knee (AKA) amputation on 8-27-15), and diagnostics. Currently, the injured worker complains of right posterior leg pain (phantom limb pain) especially to touch. Medications include Neurontin and OxyContin. He is utilizing a wheelchair. Per the primary physician's progress report (PR-2) on 9-18-15, exam notes right AKA stump incision is healing without infection, hip strength is improved. Current plan of care includes medication adjustment, temporary AKA prosthesis, and physical therapy. The Request for Authorization requested service to include TENS (Transcutaneous Electrical Nerve Stimulation) unit purchase. The Utilization Review on 9-30-15 denied the request for TENS (Transcutaneous Electrical Nerve Stimulation) unit purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (Transcutaneous Electrical Nerve Stimulation) unit purchase: Upheld

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

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

Decision rationale: At the time of this request and denial by utilization review, the injured worker was 1 month post above-knee amputation and complained of phantom pain. A TENS unit was recommended for purchase. California MTUS chronic pain medical treatment guidelines indicate the TENS unit is not recommended as a primary treatment modality but a one-month home based trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration for certain conditions which do include phantom limb pain and CRPS 2. As such, the purchase was not supported by guidelines although a home based trial may have been appropriate. In light of the foregoing, the request for purchase of the TENS unit is not supported and the medical necessity of the request has not been substantiated. The request is not medically necessary.