

Case Number:	CM15-0035099		
Date Assigned:	03/03/2015	Date of Injury:	10/26/2014
Decision Date:	04/13/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/24/2015

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 hand and forearm pain reportedly associated with an industrial injury of November 20, 2014. In a Utilization Review Report dated February 6, 2015, the claims administrator failed to approve a request for a prime-dual TENS/EMS neurostimulator device. The request in question was reportedly initiated on a December 5, 2014 RFA form. The applicant's attorney subsequently appealed. In a handwritten progress note dated January 15, 2015, the applicant reported ongoing complaints of forearm pain status post an earlier burn injury. A topical compounded agent was endorsed. The applicant was reportedly healing appropriately. The applicant's work status was not clearly outlined. In another handwritten note dated January 6, 2015, the applicant was returned to regular duty work. Hypersensitivity was noted at the site of her forearm burn. Topical lidocaine was endorsed. The applicant was working, the attending provider noted in several sections of the report, admittedly through usage of preprinted checkboxes.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS-EMS neurostimulator 1 month rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 65, Chronic Pain Treatment Guidelines TENS, chronic pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271.

Decision rationale: No, the proposed TENS-EMS neurostimulator one-month rental was not medically necessary, medically appropriate, or indicated here. The applicant's primary pain generator was the forearm. However, the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 271 notes that TENS units and passive modalities, as a whole, are deemed "not recommended." Here, the attending provider's handwritten progress notes were difficult to follow, not entirely legible, and did not set forth a clear or compelling rationale for provision of the device in the face of the unfavorable ACOEM position on the same. It appeared that the applicant had responded favorably to usage of topical Lidoderm ointment, had returned to regular duty work, etc. It was not clearly established how, why, and/or if the TENS-EMS neurostimulator device was needed to ameliorate the applicant's functionality in the face of the applicant's already-successful return to regular duty work. Therefore, the request was not medically necessary.

1 month of supplies purchase-including electrodes, batteries and lead wires: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 65. Decision based on Non-MTUS Citation TENS, chronic pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271.

Decision rationale: The request for one month of associated TENS-EMS supplies to include electrodes, batteries, and lead wires was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 271, passive modalities and TENS devices are deemed "not recommended" in the evaluation and management of forearm pain complaints, as were present here, on or around the date in question. The primary request for a TENS-EMS device was deemed not medically necessary above, in question #1. Therefore, the derivative or companion request for associated supplies to include electrodes and lead wires was likewise not medically necessary.