MAXIMUS Federal Services

Case Number:	CM15-0045614		
Date Assigned:	03/18/2015	Date of Injury:	11/04/2014
Decision Date:	04/17/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/10/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker is a 42 year old male who sustained a work related injury on November 4, 2014, where he incurred neck, back, left shoulder, forearm, wrist, thigh, and knee injuries after he was jumped on by another person and falling to the ground on his right knee. Treatment included physical therapy, anti-inflammatory drugs, topical pain creams and pain medications. He was diagnosed with cervical facet arthropathy and sprain, lumbar facet arthropathy, shoulder strain, left wrist sprain and right knee sprain. Currently, the injured worker complained of persistent back pain, depression, shoulder and right knee pain. The treatment plan that was requested for authorization included the purchase of a home Transcutaneous Electrical Nerve Stimulation (TENS) unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home TENS units-purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

Decision rationale: Home TENS units-purchase is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that in regards to criteria for a TENS unit a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. The guidelines state that a TENS unit can be used for neuropathic pain; CRPS; MS; spasticity; and phantom limb pain. The documentation does not indicate evidence of a one month trial with documentation of how often the unit was used and outcomes with pain relief and function. The request for home TENS units-purchase is not medically necessary.