

Case Number:	CM15-0081988		
Date Assigned:	05/04/2015	Date of Injury:	01/21/2013
Decision Date:	06/03/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/29/2015

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: 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 was a 76 year old female, who sustained an industrial injury, January 21, 2003. The injured worker injured the right hand, wrist and right shoulder. The injured worker previously received the following treatments Lidoderm patches, brace and heat and cold wrap therapy. The injured worker was diagnosed with wrist sprain on the right, status post partial excision of the scaphoid with arthritis developed in the distribution. According to progress note of March 24, 2015, the injured workers chief complaint was right wrist pain. The injured worker had developed a rash, needed to be careful about using the patches. The injured worker was not taking any oral pain medications at this time. The physical exam noted tenderness along the right wrist, CMC and first extensor. The treatment plan included 4 lead TENS (transcutaneous electrical nerve stimulator) unit and conductive garment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tens unit (4 or more leads) or IF unit (with indefinite use) QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Electrical Stimulators, page 98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS for chronic pain Page(s): 114-117.

Decision rationale: Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has received extensive conservative medical treatment to include chronic opiate analgesics and other medication, physical therapy, activity modifications/rest, yet the patient has remained symptomatic and functionally impaired. There is no documentation on how or what TENS unit is requested, functional improvement from trial treatment, nor is there any documented short-term or long-term goals of treatment with the TENS unit. There is no evidence for change in functional status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from any TENS treatment already rendered for purchase. The Tens unit (4 or more leads) or IF unit (with indefinite use) QTY: 1.00 is not medically necessary and appropriate.

Conductive garment (with indefinite use) QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS for chronic pain Page(s): 114-117.

Decision rationale: As the Tens unit (4 or more leads) or IF unit (with indefinite use) QTY: 1.00 is not medically necessary and appropriate; thereby, the Conductive garment (with indefinite use) QTY: 1.00 is not medically necessary and appropriate.