

Case Number:	CM14-0122429		
Date Assigned:	09/16/2014	Date of Injury:	09/30/2013
Decision Date:	10/24/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	08/04/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 25-year-old female who reported injury on 09/30/2013. The mechanism of injury was lifting heavy equipment and repetitive activities. Prior therapies included physical therapy, manipulation, ultrasound, ice, hydrocollator packs, and home exercises. The surgical history and diagnostic studies were not provided. The documentation of 06/17/2014 revealed the injured worker had pain, stiffness, and spasms daily. The cervical examination revealed mild to moderate decreased range of motion and muscle spasms. The shoulder depression test was positive on the left. There was mild decreased range of motion of the bilateral shoulders. The injured worker had an impingement sign that was positive on the right. There was mild decreased range of motion at the wrists. The right wrist and left elbow were positive for a Tinel's sign. The treatment plan included acupuncture treatment, chiropractic care, and a TENS unit, as well as an EMG/NCV of the right upper extremity. The diagnosis included thoracic/lumbar spine sprain. The note presented for review was handwritten and difficult to read. There was a detailed Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 114-116.

Decision rationale: The California MTUS recommends a 1 month trial of a TENS unit as an adjunct to a program of evidence based functional restoration for chronic neuropathic pain. Prior to the trial, there must be documentation of at least 3 months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. There was a lack of documentation indicating the injured worker would use the unit as an adjunct therapy. The clinical documentation submitted for review failed to indicate the injured worker had trialed and failed medications and a TENS unit. If the injured worker had utilized the unit, there was a lack of documentation of a 1 month trial and objective functional benefit and objective pain relief. There was a lack of documentation of exceptional factors. Given the above, the request for TENS Unit Purchase is not medically necessary.

Electrodes Packs Qty 6 Pack, 3 Month Supply: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the TENS unit was found to be not medically appropriate, the ancillary services are not medically necessary. Given the above, the request for Electrodes Packs Qty 6 Pack, 3 Month Supply is not medically necessary.

Battery Alkaline 9 Volt Qty-6, 3 Month Supply: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the TENS unit was found to be not medically appropriate, the ancillary services are not medically necessary. Given the above, the request for Battery Alkaline 9 Volt Qty-6, 3 Month Supply is not medically necessary.

Adhesive Remover Towelettes Mint Qty-24, 3 Month Supply: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the TENS unit was found to be not medically appropriate, the ancillary services are not medically necessary. Given the above, the request for Adhesive Remover Towelettes Mint Qty-24, 3 Month Supply is not medically necessary.

Shipping and Handling x 1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the TENS unit was found to be not medically appropriate, the ancillary services are not medically necessary. Given the above, the request for Shipping and Handling x 1 is not medically necessary.

TT and SS Leadwire Qty 1, 3 Month Supply: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the TENS unit was found to be not medically appropriate, the ancillary services are not medically necessary. Given the above, the request for TT and SS Leadwire Qty 1, 3 Month Supply is not medically necessary.

Tech Fee Purchase: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the TENS unit was found to be not medically appropriate, the ancillary services are not medically necessary. Given the above, the request for Tech Fee Purchase is not medically necessary.