

Case Number:	CM14-0093474		
Date Assigned:	07/25/2014	Date of Injury:	11/29/2011
Decision Date:	09/22/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/19/2014

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 & Rehabilitation and is licensed to practice in California. 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 45-year-old female who reported an injury on 11/29/2011. The mechanism of injury was not provided. The prior studies included an EMG/NCV. The prior surgical interventions included cervical spine discectomy and fusion. The prior therapies included physical therapy, splinting, medications, and prolonged rest and activity modifications as well as a corticosteroid injection. The documentation indicated the injured worker had carpal tunnel syndrome. The recommendation was for a right cubital tunnel release, carpal tunnel release, and ulnar nerve decompression at the wrist. The prescription form and certificate of medical necessity indicated the TENS unit was for postoperative pain and it was dated 05/22/2014. The surgical procedure was approved. The medications were not provided. There was no request for authorization for the TENS unit.

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.

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

Decision rationale: The California MTUS Guidelines recommend a TENS unit for postoperative pain for the first 30 days post surgery. The clinical documentation submitted for review indicated the injured worker was to undergo a surgical procedure. This request would be supported for 30 days. There was a lack of documentation of exceptional factors to warrant purchase versus rental. There was a lack of documentation of objective functional benefit if the unit had been trialed and the duration of trial. Given the above, the request for TENS unit purchase is not medically necessary.

Sterile Electrodes x 2 Sets (4 Each): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not medically necessary.

9 Volt Batteries x 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Lead Wires Purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not medically necessary.