MAXIMUS Federal Services

Case Number:	CM13-0036552		
Date Assigned:	12/13/2013	Date of Injury:	11/18/2011
Decision Date:	05/13/2015	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/21/2013

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 patient is a 38 year old female with a work injury dated 11/18/11. The diagnoses include status post carpal tunnel release in 2012; right arm complex regional pain syndrome. Under consideration are requests for (NU) GSMHD Combo TENS unit with hand and supplies for pain management (purchase) - 4 lead/electrode; electrodes (8 pairs per month); and batteries (6 units per month.) Per 5/19/13 the patient has tried PT, home exercise and acupuncture without relief. Per documentation a 9/9/13 progress note states that the pain in the right arm was unchanged. The patient states that pain radiates from the right arm to the right neck and shoulder. The exam revealed a painful right arm. There were Allodynia components in the right arm. Her right wrist was edematous with minimal range of motion. There were nail bed and skin temperature changes. There were constant paresthesias. The arm was mottled with hand swelling and coldness to touch. The treatment plan included spinal cord stimulator. Per documentation the documentation revealed in a PT note 9/13/13 that heat and TENS were beneficial.

IMR ISSUES, DECISIONS AND RATIONALES

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

(NU) GSMHD combo TENS unit with Han and supplies for pain management (purchase) - 4 lead/electrode: Upheld

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

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

Decision rationale: (NU) GSMHD Combo TENS unit with Han and supplies for pain management (purchase) - 4 lead/electrode is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that for a TENS unit a 2-lead unit is generally recommended and that if a 4-lead unit is recommended, there must be documentation of why this is necessary. Furthermore the MTUS Chronic Pain Medical Treatment Guidelines state that 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 reveal documentation of a one-month trial with how often the patient has used a unit and the outcomes in terms of pain relief or function. The request for (NU) GSMHD Combo TENS unit with hand and supplies for pain management (purchase) - 4 lead/electrode is not medically necessary. Furthermore the additional supplies of electrodes (8 pairs per month) or batteries (6 units per month) are not medically necessary.

Electrodes (8 pairs per month): Upheld

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

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

Decision rationale: Electrodes (8 pairs per month) are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines as the request for the NU GSMHD Combo TENS unit with Han and supplies for pain management is not medically necessary.

Batteries (6 units per month): Upheld

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

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

Decision rationale: Batteries (6 units per month) are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines as the request for the NU GSMHD Combo TENS unit with Han and supplies for pain management is not medically necessary.