MAXIMUS Federal Services

Case Number:	CM14-0210338		
Date Assigned:	12/23/2014	Date of Injury:	11/19/2013
Decision Date:	02/19/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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 & Rehabn

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 49 year-old male with a 11/19/2013 date of injury. According to the 9/4/14 chiropractic report, the patient has a cervical strain, lumbar strain, and right elbow epicondylitis, and right hand strain. There is some issue with the right shoulder, but the handwriting is illegible. On 11/17/2014 utilization review reviewed an 11/10/14 RFA and denied a 12-month TENS-EMS rental, stating the guidelines recommend TENS, but not the EMS. The denial was for 12-months starting on 9/21/14. The 10/2/14 and 10/11/14 chiropractic reports are barely legible and do not discuss TENS use or efficacy. There is a 10/13/14 orthopedic report, but it does not discuss TENS. The 11/10/14 RFA for was not provided for this review. There are no progress notes provided for this review that discuss TENS therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous Electrical Nerve Stimulation (TENS)-EMS, Rental x 12 months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Criteria for TENS Page(s): 114-121.

Decision rationale: The request is for a TENS unit rental for 12 months starting on 9/21/14. The MTUS Chronic Pain Medical Treatment Guidelines, for TENS, pages114-121, Criteria for TENS states: "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; rental would be preferred over purchase during this trialThe provided records include the 9/4/14, 10/2/14 and 10/11/14 chiropractic reports and the 10/13/14 orthopedic report. None of the reports provided discuss use of TENS. There is no documentation of a one-month trial period; no documentation of how often the unit was used, pain relief, or goals. The request for a 12-month TENS rental is not in accordance with MTUS guidelines. The request for Transcutaneous Electrical Nerve Stimulation (TENS)-EMS, Rental x 12 months is not medically necessary.