MAXIMUS Federal Services

Case Number:	CM14-0217030		
Date Assigned:	01/06/2015	Date of Injury:	08/21/1995
Decision Date:	03/03/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/29/2014

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: Arizona, Texas
Certification(s)/Specialty: Internal 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:

This is a 65 year old female with a work related injury dated 08/21/1995. Mechanism of injury was not noted in received medical records or in Utilization Review report. According to a visit note dated 10/10/2014, the injured worker presented with complaints of joint pain to the left hand, left shoulder, and left wrist. Diagnoses included shoulder joint pain, reflex sympathetic dystrophy of the upper limb, and depression. No other treatments noted in received medical records. Diagnostic testing included urine drug screen dated 04/25/2014 which noted consistent results. Work status was not noted in received medical records.On 12/15/2014, Utilization Review non-certified the request for Ongoing Supplies for Existing Transcutaneous Electrical Nerve Stimulation Unit citing Medical Treatment Utilization Schedule Chronic Pain Guidelines. The Utilization Review physician stated there is an absence in documentation noting that the claimant has functional and documented improvement, still having high levels of pain rated as 9/10, and an absence in documentation she had any of these conditions for which the use of a Transcutaneous Electrical Nerve Stimulation unit is indicated. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review for dates of service (DOS) 11/20/14 for services provided: Ongoing supplies for existing TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit (Transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 114-116.

Decision rationale: Electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. Transcutaneous electrotherapy is the most common form of electrotherapy where electrical stimulation is applied to the surface of the skin. The earliest devices were referred to as TENS (transcutaneous electrical nerve stimulation) and are the most commonly used. It should be noted that there is not one fixed electrical specification that is standard for TENS; rather there are several electrical specifications.According to the MTUS, the use of a transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions desribed below. These conditions include neuropathic pain, Phantom limb pain and CRPSII, spasticity, and multiple sclerosis. In this case the patient is not enrolled in an evidence-based functional restoration program and doesn't have an accepted diagnosis per the MTUS. Furthermore the patients pain is not well controlled given the current treatment. The use of a TENS unit with supplies is not medically necessary.