

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
P.O. Box 138009
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(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the the purchase of transcutaneous electrical nerve stimulation (TENS) unit with HAN programing and purchase of electrodes, eight (8) pairs per month, and batteries, six (6) units per month for the left shoulder requested **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 4/29/2013 disputing the Utilization Review Denial dated 4/19/2013. A Notice of Assignment and Request for Information was provided to the above parties on 5/31/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the the purchase of transcutaneous electrical nerve stimulation (TENS) unit with HAN programing and purchase of electrodes, eight (8) pairs per month, and batteries, six (6) units per month for the left shoulder requested **is not medically necessary and appropriate.**

Medical Qualifications of the Professional Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Pain Management 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 professional 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated April 19, 2013.

“Employee states she doing hand cuffing techniques during briefing and during the exercise her supervisor accidentally pulled her left arm too fast and too hard.

Office visit on 3/27/13 shows claimant is said no relief with injections. Claimant had previous MRI. Claimant was treated for adhesive capsulitis and rotator cuff strain. Claimant has been able to regain some range of motion but still has pain. Claimant reports some crepitus was range of motion. Range of motion is external rotation about 15-20. Elevation is still limited to the scapular line. Limited internal rotation to three or 4 is seen. There’s a negative belly pressed and no pain with modified empty can. Tenderness to palpation is noted around anterior inferior capsular region. Previous treatment noted is PT times six, injection and medications.”

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (dated 4/29/13)
- Utilization Review Determination from [REDACTED] (dated 4/19/13)
- Letter from employee (dated 6/7/13)

- Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9), pg. 203
- 9792.24.2. Chronic Pain Medical Treatment Guidelines (May, 2009), Part 2, Pain Interventions and Treatments, pg. 114-116

1) Regarding the request for purchase of transcutaneous electrical nerve stimulation (TENS) unit with HAN programming and purchase of electrodes, eight (8) pairs per month, and batteries, six (6) units per month for the left shoulder:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Professional Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (May, 2009), Part 2, Pain Interventions and Treatments, pg. 114-116, of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found the referenced section of the MTUS used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The Employee injured the left shoulder during a training exercise at work on 1/26/13. No medical records were provided for review.

The California MTUS suggests TENS as an adjuvant treatment modality for certain chronic pain states. The types of pain for which TENS units are indicated include spasticity, neuropathic pain, and phantom limb. These diagnoses are not documented for this employee. However, the California MTUS does specify that treatment is not to be denied on the sole basis of the absence of recommendation in the MTUS. The Chronic Pain Medical Treatment Guidelines do have provisions for the use of TENS which would include documentation of improvement of pain and reduced medication used by the patient. The submitted documentation does include an appeal letter authored by the employee who states the TENS has helped with reducing pain medications and pain levels. There is no specification of how long the duration of the TENS trial was, and although there is the statement of reduction of medication use, no specifics are given in terms of quantity of pain medication reduction. There is no outline of short and long-term functional goals that should accompany a request for TENS purchase.

The California MTUS specifies the following criteria for use of TENS: documentation of pain for at least three months duration; documented evidence of the failure of other appropriate pain modalities; a documented one-month trial period of the TENS unit with outcomes of pain relief and/or increased function; documentation of other ongoing pain treatment during the trial period including medication usage. The submitted documentation does not contain sufficient descriptive criteria as required by the California MTUS for purchase of TENS to be authorized. The requested purchase of transcutaneous electrical nerve stimulation (TENS) unit with HAN programming and purchase of electrodes, eight

(8) pairs per month, and batteries, six (6) units per month for the left shoulder **is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.