

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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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 requested Transcutaneous electrical nerve stimulation (TENS) unit rental with supplies for 36 months **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/31/2013 disputing the Utilization Review Denial dated 5/2/2013. 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 requested Transcutaneous electrical nerve stimulation (TENS) unit rental with supplies for 36 months **is not medically necessary and appropriate.**

Medical Qualifications of the Expert 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 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated May 2, 2013

“The patient is an RN who has a history of a left hand condition. She reported an injury to left ring fingers on 02/16/13. She underwent a left ring finger (RF) Silastic implant arthroplasty on 03/12/13. The treating provider noted that she has had a gastric bypass surgery and is unable to tolerate a variety of pain medications, which is the reason for request of the TENS.”

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
- Utilization Review by [REDACTED] (dated 5/2/13)
- Doctor's First Report of Occupational Injury or Illness (dated 2/6/13)
- Progress Report by [REDACTED] (dated 2/7/13)
- Employee's Medical Records by [REDACTED] (dated 3/12/13)
- Employee's Medical Records by [REDACTED], M.D. (dated 2/11/13 thru 4/23/13)
- Employee's Medical Records by [REDACTED] (dated 3/19/13 thru 6/13/13)
- Appendix D – Chronic Pain Medical Treatment Guidelines – Division of Workers' Compensation and Official Disability Guidelines References (May, 2009) Transcutaneous Electrical Nerve Stimulation (TENS), pg 114 - 117

1) Regarding the request for Transcutaneous electrical nerve stimulation (TENS) unit rental with supplies for 36 months

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Appendix D – Chronic Pain Medical Treatment Guidelines – Division of Workers’ Compensation and Official Disability Guidelines References (May, 2009) Transcutaneous electrical nerve stimulation (TENS), pg 114 – 117 which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee’s clinical circumstance.

Rationale for the Decision:

The employee had a work-related injury to the left ring finger on 2/16/13. Medical Records provided and reviewed indicate the employee underwent joint replacement for the left ring finger on 3/12/13. The medical records indicate that due to a prior gastric bypass procedure, employee’s is unable to tolerate a number of pain medications.

MTUS guidelines recommend TENS for 30-days post-surgery. The guidelines also provide recommendations for TENS for chronic neuropathic pain contingent on the outcome of a 1-month trial as an adjunct to a program of evidence-based functional restoration. The 36-month rental exceeds the MTUS recommendation for acute post-surgical use, without the reporting of outcome of the initial 1-month trial. The request for requested Transcutaneous Electrical Nerve Stimulation (TENS) unit rental with supplies for 36 **months 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.