

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/12/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/21/2013
Date of Injury:	2/4/2008
IMR Application Received:	8/26/2013
MAXIMUS Case Number:	CM13-0016113

- 1) MAXIMUS Federal Services, Inc. has determined the request for **TENS (transcutaneous electrical nerve stimulator) unit 30 day rental is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/26/2013 disputing the Utilization Review Denial dated 8/21/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. 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 request for **TENS (transcutaneous electrical nerve stimulator) unit 30 day rental is 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 PM&R, has a subspecialty in Interventional Spine 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.

Expert Reviewer Case Summary:

The patient has a date of injury on 2/4/2008 and the diagnoses as tendonitis, wrist sprain, shoulder tendonitis, and carpal tunnel syndrome. The progress report dated 9/9/13 by [REDACTED] M.D. noted that the patient continued to have daily right hand and wrist pain and frequent flare-ups depending on activities, especially with repetitive work activities. It was noted that the patient had tried the TENS unit while in physical therapy as well as H-wave therapy. The use of the TENS unit was effective in reducing her use of medication, particularly anti-inflammatory medication and her need for more aggressive treatment. After the physical therapy was completed she no longer had access to a TENS unit or an H-wave. The patient noted more frequent flare-ups and need for more use of medication. Dr. [REDACTED] recommended a TENS unit rental for 30 days and if effective then purchased for the patient.

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 of Independent Medical Review
- Utilization Review Determination
- Medical Treatment Utilization Schedule (MTUS)
- Medical Records from Claims Administrator

1) Regarding the request for TENS (transcutaneous electrical nerve stimulator) unit 30 day rental:

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

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, page 114-115, which are part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 116, which is part of the MTUS.

Rationale for the Decision:

According to the Chronic Pain Medical Treatment Guidelines, 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. The progress report dated 9/9/13 noted that the employee continued to have daily right hand and wrist pain and frequent flare-ups depending on activities, especially with repetitive work activities, and it was noted that the employee had tried the TENS unit while in physical therapy as well as H-wave therapy. The use of the TENS unit was effective in reducing use of medication, particularly anti-inflammatory medication and the need for more aggressive treatment. After the physical therapy was completed, the employee no longer had access to a TENS unit or an H-wave. The employee noted more frequent flare-ups and need for more use of medication. The provider recommended a TENS unit rental for 30 days and if effective then purchase. The medical records indicate that the employee has had a significant benefit from TENS unit therapy during physical therapy sessions and a 30 day home trial would be reasonable and supported by the MTUS guidelines noted above. **The request for TENS (transcutaneous electrical nerve stimulator) unit 30 day rental is 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,

Paul Manchester, MD, MPH
Medical Director

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

/dat

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.