

Independent Medical Review Final Determination Letter

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Dated: 12/23/2013

IMR Case Number:	CM13-0016258	Date of Injury:	09/16/2005
Claims Number:	[REDACTED]	UR Denial Date:	08/09/2013
Priority:	STANDARD	Application Received:	08/23/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED] M.D		
Treatment(s) in Dispute Listed on IMR Application:			
CONT, TENS UNIT X 30 DAYS W/ OPTION 10 PURCHASE / NOT MEDICALLY CERTIFIED BY PHYSICIAN ADVISOR			

DEAR [REDACTED],

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: OVERTURN. This means we decided that all of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]
[REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation 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 physician 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/services.

DOCUMENTS REVIEWED

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

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 53 Y, F with a date of injury on 9/16/2005. The patient's diagnoses include: status post right interpositional arthroplasty, FCR tenodesis, right shoulder rotator cuff tendinitis, chronic narcotic usages. The patient underwent carpal tunnel surgery on the right in 2007 by Dr. [REDACTED]. She had a second surgery by Dr. [REDACTED] in November 2011. She has had cortisone injections on the right shoulder, hand and elbow. She completed physical therapy in 2012. The patient had TENS unit therapy while in physical therapy that provided some relief and enabled her to do more exercises.

IMR DECISION(S) AND RATIONALE(S)

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

1. Continued TENS unit for 30 days with option to purchase is medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, TENS, pages 114-116, which is part of the MTUS.

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

The Physician Reviewer's decision rationale:

The progress report dated 7/16/13 By Dr. [REDACTED] noted that the employee was instructed to continue an independent program, including exercise, heat and ice. The employee had only used the TENS unit 2 times in the prior 3 weeks, resulting in a decrease in pain and improved ability to use the right arm. An additional 30 day trial of a TENS unit with option to purchase was requested. The 4/23/13 progress report by Dr. [REDACTED] noted that the employee had TENS unit therapy while in physical therapy that provided some relief and enabled the employee to do more exercises. MTUS page 116 states that 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. It appears that the employee had a functional benefit from the TENS unit therapy during physical therapy. An extended home trial of TENS unit therapy was requested due to a limited number of sessions the employee used it at home. It does appear that the employee was getting benefit from the home therapy and an extension of the home trial would seem reasonable. **The request for continued TENS unit for 30 days with option to purchase is medically necessary and appropriate**

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.

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]