
Notice of Independent Medical Review Determination

Dated: 9/16/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/10/2013
Date of Injury: 1/16/2004
IMR Application Received: 7/15/2013
MAXIMUS Case Number: CM13-0001458

- 1) MAXIMUS Federal Services, Inc. has determined the request for a TENS unit purchase **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/15/2013 disputing the Utilization Review Denial dated 7/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/17/2013. 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 a TENS unit purchase **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 Occupational Medicine, 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 July 10, 2013.

“This claimant is a 44-year-old female with a work related injury to the right wrist: accepted body part. Current complaints include flare-up of neck pain with radiation into her right arm. She has been partially functional, work part-time as a chef, tried Tylenol No. 3.

“Reviewed report dated 5/20/13 indicates full cervical range of motion except decreased cervical flexion to 50 degrees, cervical paraspinal spasm with myofascial tightness, suprascapular spasm notes with myoedema. Right shoulder flexion decreased to 170 degrees, subacromial tenderness, positive Hawkins test, negative Neer test. There is full right elbow range of motion, right posterior elbow tenderness, negative trigger points. There is positive Tinel sign at the right wrist, equivocal right Phalen’s test, positive right carpal tunnel compression test, rest of the neck, right upper extremity within normal limits.

“MD Rationale/Criteria Applies,: The requested from the vendor accompanied by a prescription signed by the Dr. The clinical note does not address medical necessity for a TENS unit and guidelines recommend against it. Therefore this request cannot be certified.”

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 (received 7/15/13)

- Utilization Review Determination (dated 7/10/13)
- Chronic Pain Medical Treatment Guidelines (2009), Transcutaneous electrotherapy (TENS) pgs. 104-107

Note: Medical Records requested were not submitted for this review

1) Regarding the request for a TENS unit purchase:

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

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), TENS section, which is a medical treatment guideline that is not part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines (2009), TENS section, pages 104-107, which are part of the MTUS.

Rationale for the Decision:

The employee was injured on 1/16/2004 and has experienced pain in the right wrist, right arm, and neck. The utilization review determination letter indicates the employee has been working part-time and has tried Tylenol. A request was submitted for a TENS unit purchase.

The MTUS Chronic Pain Guidelines do not recommend TENS as a first line therapy. The MTUS Chronic Pain Guidelines indicate TENS may be appropriate where there is a functional restoration program in place and a one month TENS trial is documented. The documentation available for review does not show any evidence of a functional restoration program or TENS trial. The guideline criteria are not met. The request for a TENS unit purchase 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

/dj

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.