

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/18/2013

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/19/2013
Date of Injury:	7/9/2013
IMR Application Received:	8/1/2013
MAXIMUS Case Number:	CM13-0005828

- 1) MAXIMUS Federal Services, Inc. has determined the request for **3 months supplies is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **conductive garment is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **X-force stimulator 30 day trial, for purchase (TENS for joint stimulation) is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/1/2013 disputing the Utilization Review Denial dated 7/19/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/23/2013. 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 **3 months supplies is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **conductive garment is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **X-force stimulator 30 day trial, for purchase (TENS for joint stimulation) 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 Preventive Medicine and 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.

Expert Reviewer Case Summary:

All medical, insurance, and administrative records provided were reviewed.

The applicant, [REDACTED], is a represented [REDACTED] employee who has filed a claim for chronic ring finger pain, reportedly associated with cumulative trauma at work first claimed on July 9, 2012.

The most recent note on file is July 19, 2013, utilization review report, suggesting that the applicant is status post amputation of the right ring finger at the level of the distal phalanx. The utilization reviewer denies the TENS unit on the grounds that it is not clearly stated whether a purchase of the unit or trial of the unit are being sought.

A prior progress note of July 19, 2013, suggests that the applicant is status post amputation of the right ring finger at the level of the DIP joint. It is stated, somewhat incongruously, that there is decreased two-point discrimination, but later stated that there is no sensory deficit noted. Recommendations are made for the applicant to obtain an X-Force TENS device. The applicant is apparently working without any formal limitations.

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 Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for 3 months supplies:

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

The Claims Administrator did not use any evidence based guidelines.

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

Rationale for the Decision:

As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, before purchase or large-scale supplies of a TENS unit are sought, there should be some evidence of a successful one-month trial of the same. In this case, however, there is no clear evidence of a successful one-month trial. It does not appear that the employee has previously undergone one-month trial of said TENS unit. **The request for 3 months supplies is not medically necessary and appropriate.**

2) Regarding the request for conductive garment:

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

The Claims Administrator did not use any evidence based guidelines.

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

Rationale for the Decision:

As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, a form-fitting TENS device, such as a conductive garment is only considered medically necessary when there is evidence that the applicant has medical conditions that prevent use of a traditional system. In this case, the employee has a partially amputated digit. This is a very small area that would likely not be amenable or accessible to conventional TENS unit electrodes. A form-fitting device or garment is indicated in this context. **The request for conductive garment is medically necessary and appropriate.**

3) Regarding the request for X-force stimulator 30 day trial, for purchase (TENS for joint stimulation):

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, Transcutaneous electrotherapy, page 116, which is a part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Criteria for the use of TENS, page 114 & 116, which is a part of MTUS.

Rationale for the Decision:

As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, TENS units are supported in the treatment of chronic intractable pain of greater than three months' duration. Page 114 of the MTUS Chronic Pain Medical Treatment Guidelines further suggests that the TENS units are indicated in the treatment of phantom limb pain. In this case, the employee does have a partially amputated finger. TENS unit may be of some benefit in the treatment of the same, particularly in light of the hyposensorium documented on the most recent office visit. **The request for X-force stimulator 30 day trial, for purchase (TENS for joint stimulation) 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

/hs

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.