

Independent Medical Review Final Determination Letter

3450
[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/31/2013

IMR Case Number:	CM13-0029529	Date of Injury:	04/15/2013
Claims Number:	[REDACTED]	UR Denial Date:	09/05/2013
Priority:	STANDARD	Application Received:	09/26/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED]		
Treatment(s) in Dispute Listed on IMR Application:			
PLEASE SEE SECOND PAGE			

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: UPHOLD. This means we decided that none 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]

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 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 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]

CLINICAL CASE SUMMARY

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

51 y.o. with an injury from 4/15/13, reportedly sustaining a muscle strain resulting in right shoulder pain/trauma. The request for a TENS unit purchase was modified to 30 days of rental per MTUS guidelines.

The treater's notes are reviewed from 10/3/13 which indicates that the patient is doing better and TENS unit has been received. The patient had a subacromial injection which helped as well. Acupuncture treatments helped. Recommendation was to continue home exercises and TENS. Previous notes from 8/22/13, 6/13/13 and initial evaluation report from 5/8/13 were reviewed. There is no evidence that the patient already tried a home rental TENS unit.

IMR DECISION(S) AND RATIONALE(S)

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

1. DME is not medically necessary and appropriate.

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

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

The Physician Reviewer's decision rationale:

The current request is for review of whether or not a home purchase of TENS unit is medically consistent with MTUS. Note that this request was modified by UR for 30 day rental and the patient already received the unit as of 10/3/13 progress report. MTUS does not recommend initial purchase of TENS unit, but allows for 30-day rental to try the unit first. Therefore, the request for the initial home purchase of TENS unit cannot be recommended for authorization. The initial UR decision to deny home purchase of the unit and only allow 30-day rental was consistent with MTUS. The request for DME is not 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]

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