

Case Number:	CM13-0009641		
Date Assigned:	03/10/2014	Date of Injury:	12/28/1991
Decision Date:	05/15/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

The injured worker is a 70-year-old female who reported an injury on 12/28/1991. The mechanism of injury was not provided. The physical examination of 06/27/2013 revealed reduced range of motion in the lumbar spine with some right referred pain into the lower extremities with weakness in the legs. The left knee had pain with motion. The treatment plan included a new TENS unit and an orthopedic mattress and bed due to her lumbar spine condition and knee issues. The injured worker's diagnoses included left knee medial meniscal tear, left chondromalacia patella, lumbar discopathy, status post lumbar interbody fusion, L4 through S1 degenerative disc disease, systematic lupus erythematosus with fibromyalgia, status post left total knee arthroplasty, and status post posterior lumbar interbody fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRO-STIM 5.0 UNIT - 90 DAY RENTAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, NMES, and Interferential Current Stimulation Page(s): 115,116,118,121.

Decision rationale: California MTUS recommends a one month trial of a TENS unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. They do not recommend Neuromuscular electrical stimulation (NMES devices) as there is no evidence to support its' use in chronic pain. They do not recommend Interferential Current Stimulation (ICS) as an isolated intervention. The clinical documentation submitted for review indicated the injured worker had a TENS unit which was nonfunctional. There was a lack of documentation indicating the objective functional benefit received from the TENS unit. There was no documentation indicating the necessity for a multi therapy unit. There was lack of documentation indicating exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for Pro-Stim 5.0 unit 90-day rental is not medically necessary

ORTHOPEDIC MATTRESS AND BED: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Intergrated Treatment/Disability Duration Guidelines, Low Back Chapter, Mattress selection

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Mattress selection, Knee & Leg Chapter, Durable Medical Equipment.

Decision rationale: Official Disability Guidelines indicate that mattress selection is subjective and depends on personal preference and individual factors. However, mattresses are considered durable medical equipment. As such, there was the application of Durable Medical Equipment Guidelines. Durable medical equipment is recommended if there is a need and if the device or system meets Medicare's definition of durable medical equipment. Durable medical equipment can withstand repeated use including could be rented, is primarily and customarily used to serve a medical purpose, and is generally not useful to a person in the absence of illness or injury. A mattress is not primarily used to serve a medical purpose and is useful to a person in the absence of illness or injury. Given the above, the request for an orthopedic mattress and bed is not medically necessary.