

Case Number:	CM13-0019416		
Date Assigned:	10/11/2013	Date of Injury:	12/04/2011
Decision Date:	01/15/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/03/2013

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 internal medicine, has a subspecialty in cardiology and is licensed to practice in Texas. 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

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 patient is a 54-year-old male who reported an injury on 12/04/2011. According to the documentation dated 08/28/2012, the patient was descending the stairs from his company truck when his left foot slipped off of the step. His left foot twisted as it hit the ground and he fell with his left leg bent backwards and his right leg in front of him. Although the patient landed on his neck and back, it states that the patient has had ongoing complaints of left foot and ankle pain. On the documentation date 12/04/2012, the patient was seen again for a follow-up regarding his left lower extremity. At that time of that evaluation, the patient was ambulating with a cane, and was pending a left ankle surgery at that time. The two most recent documents provided for review dated 01/23/2013 and 02/19/2013 are handwritten clinical notes and are both fairly illegible. On both of the documents, it was noted that the patient is still continuing to complain of left knee pain with popping and giving way, and left ankle pain with popping and giving way. On the clinical note dated 02/19/2013, it states that the patient had purchased some kind of device, but it broke. It is unclear what device this is referring to and although it can be made out that the patient has been diagnosed as having left knee osteoarthritis, the rest of the diagnosis is illegible.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two lead wires, per pair: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Section Page(s): 114.

Decision rationale: Although the Chronic Pain Medical Treatment Guidelines cover the use of transcutaneous electro therapy, it is unclear which kind of device this physician is requesting these 2 lead wires for. There is nothing stated in the current documentation that the patient is utilizing a TENS (transcutaneous electrical nerve stimulation) unit, nor is there any objective information providing the efficacy of the use of any such device in the last month. Therefore, without knowing which kind of device the physician is recommending or requesting the two lead wires for, at this time, the request for two lead wires, per pair, is not medically necessary or appropriate.

16 electrodes, per pair: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Section Page(s): 114.

Decision rationale: The Physician Reviewer's decision rationale: Although the Chronic Pain Medical Treatment Guidelines cover the use of transcutaneous electro therapy, it is unclear which kind of device this physician is requesting these 16 electrodes, per pair for. There is nothing stated in the current documentation that the patient is utilizing a TENS unit, nor is there any objective information providing the efficacy of the use of any such device in the last month. Therefore, without knowing which kind of device the physician is recommending or requesting the 16 electrodes per pair for, at this time, the request for 16 electrodes, per pair, is not medically necessary or appropriate.

24 replacement batteries: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114.

Decision rationale: Although the Chronic Pain Medical Treatment Guidelines cover the use of transcutaneous electro therapy, it is unclear which kind of device this physician is requesting these 24 replacement batteries for. There is nothing stated in the current documentation that the patient is utilizing a TENS unit, nor is there any objective information providing the efficacy of the use of any such device in the last month. Therefore, without knowing which kind of device the physician is recommending or requesting the 24 replacement batteries for, at this time, the request for 24 replacement batteries is not medically necessary or appropriate.

32 adhesive remover wipes: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Section Page(s): 114.

Decision rationale: Although the Chronic Pain Medical Treatment Guidelines cover the use of transcutaneous electro therapy, it is unclear which kind of device this physician is requesting these 32 adhesive remover wipes for. There is nothing stated in the current documentation that the patient is utilizing a TENS unit, nor is there any objective information providing the efficacy of the use of any such device in the last month. Therefore, without knowing which kind of device the physician is recommending or requesting the 32 adhesive remover wipes for, at this time, the request for 32 adhesive remover wipes is not medically necessary or appropriate.