

Case Number:	CM13-0023606		
Date Assigned:	11/15/2013	Date of Injury:	04/25/2013
Decision Date:	02/24/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/12/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in New York and 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. 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 patient is a 56-year-old female who reported an injury on 07/12/2011. The mechanism of injury was reportedly that the patient was in a warehouse carrying a large box when she tripped and twisted her right knee, causing her to fall to the ground. The patient was diagnosed with degenerative disc disease with spinal stenosis at L4-5 and L5-S1 with facet arthropathy, industrial in nature; right knee myoligamentous sprain/strain, rule out internal derangement; disc protrusion with stenosis at L4-5 and L5-S1 and retrolisthesis; and status post laminectomy at L4-5 and L5-S1 bilaterally on 10/02/2013. The clinical documentation dated 10/14/2013 stated that the patient was 12 days status post 2-level decompression. The patient complained of mild postsurgical pain. The patient had skin lesions throughout her body, which may be parasitic lesions or stress rash. Objective findings revealed the patient's wound looked clean and dry. The patient did manifest some type of allergy, which was resolving. There was no redness, swelling, or drainage. The patient was grossly neurologically intact and was using a walker.

IMR ISSUES, DECISIONS AND RATIONALES

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

. DME purchase - Solar Care Infrared Heating Pad: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 13 Knee Complaints Page(s): 300, 338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) > Low Back Chapter

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, Infrared therapy (IR)

Decision rationale: The California MTUS/ACOEM does not directly address this. The Official Disability Guidelines (ODG) do not recommend infrared (IR) heating over other heat therapies. The Guidelines state, where deep heating is desirable, providers may consider a limited trial of IR therapy for treatment of acute low back pain, but only if used in adjunct to a program of evidence-based conservative care. The patient continued to complain of mild low back pain postsurgical. However, the clinical documentation submitted for review did not indicate that the patient was concurrently participating in physical therapy or a home exercise program, as recommended by the guidelines. Given the lack of documentation that evidences the patient meets guideline criteria, the request for a DME purchase - Solar Care Infrared Heating Pad is non-certified.

DME purchase - X-force Stimulator (TENS unit) with supplies, including conductive garment x2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS,(transcutaneous electrical nerve stimulation) Page(s): 114-11.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

Decision rationale: The California MTUS recommends TENS as a treatment option for acute post-operative pain in the first 30 days post surgery. TENS appears to be most effective for mild to moderate thoracotomy pain. It has been shown to be less effective (or not at all effective) for other orthopedic surgical procedures. The patient underwent a laminectomy on 10/02/2013. The patient continued to complain of mild post-surgical pain. However, the Guidelines state TENS is only a treatment option for post-operative pain within the first 30 days. Also, there is no indication that the patient's pain is not well controlled using the current medication regimen. Given the lack of documentation to support Guideline criteria, the request for DME purchase - X-force Stimulator (TENS unit) with supplies, including conductive garment x2 is non-certified.