

Case Number:	CM13-0050912		
Date Assigned:	12/27/2013	Date of Injury:	06/01/2011
Decision Date:	03/11/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/13/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. He/she has been in active clinical practice for more than five years and is currently working least at 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 57-year-old female who reported a work related injury on 06/01/2011, specific mechanism of injury not stated. The patient presents for treatment of the following diagnoses, status post left hip arthroscopic labral repair and osteoplasty at the femoral neck of the acetabulum as of 04/17/2013. The patient completed a course of postoperative physical therapy interventions. The clinical note dated 08/02/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient reports severe pain to the back upon palpation. The provider documents the patient has been authorized to utilize Thera-Band and a TENS unit and the provider additionally recommended authorization for chiropractic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

The purchase of a TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

Decision rationale: The current request is not supported. The clinical notes fail to document the patient's reports of efficacy with utilization of a TENS unit for her chronic pain complaints about

the left hip and the lumbar spine. Additionally, the provider failed to submit a thorough physical exam of the patient evidencing any significant objective functional deficits to support the requested durable medical equipment. California MTUS indicates a 1 month trial period of a TENS unit should be documented as an adjunct to ongoing treatment modalities with a functional restoration approach with documentation of how often the unit was used as well as outcomes in terms of pain relief and function. Rental would be preferred over purchase during this trial. Given the lack of documented efficacy, duration, and frequency of use of a TENS unit for this patient's pain complaints, the request for purchase of a TENS unit is not medically necessary or appropriate.

The request for electrodes #2: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary request is not medically necessary, none of the associated requests are medically necessary.

The request for 9 volt batteries #2: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary request is not medically necessary, none of the associated requests are medically necessary.

The request for a lead wire #1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary request is not medically necessary, none of the associated requests are medically necessary.