

Case Number:	CM13-0052837		
Date Assigned:	12/30/2013	Date of Injury:	12/04/2011
Decision Date:	06/27/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/18/2013

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 Occupational Medicine 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 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 patient is a 54-year-old male who has submitted a claim for Left Knee Osteoarthritis, Left Ankle Sprain, and Thoracolumbar Sprain, associated with an industrial injury date of December 4, 2011. Medical records from 2012 through 2013 were reviewed, which showed that the patient is pending left total knee replacement and left ankle surgery. On physical examination of the left knee, tenderness and restricted range of motion was noted. Crepitus was also reported. Examination of the left ankle revealed tenderness. Lumbar spine examination revealed tenderness of the paraspinal muscles. There was spasm noted at the left sacroiliac joint. Lumbar range of motion was limited as well. The rest of the subjective and objective findings were unreadable due to illegible handwriting. Treatment to date has included medications and weight loss program. Utilization review from November 4, 2013 denied the request for 48 electrodes, 72 battery power packs, 96 adhesive remover wipes, 2 lead wires per pair because the request was submitted without clinical information or reporting.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR 48 ELECTRODES DOS:9/27/13: 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 9792.24.2
Page(s): 114-116.

Decision rationale: According to pages 114-116 of the CA MTUS Chronic Pain Medical Treatment Guidelines, TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. Criteria for the use of TENS unit include chronic intractable pain, evidence that other appropriate pain modalities have been tried and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. In this case, the medical records failed to specify the type of electrical unit that was used by the patient. There was also no discussion regarding the need for the requested accessories of the unspecified electrical unit. Therefore, the request for retrospective request for 48 electrodes DOS:9/27/13 is not medically necessary.

RETROSPECTIVE REQUEST FOR 72 BATTERY PACKS DOS: 9/27/13: 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 9792.24.2
Page(s): 114-116.

Decision rationale: According to pages 114-116 of the CA MTUS Chronic Pain Medical Treatment Guidelines, TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. Criteria for the use of TENS unit include chronic intractable pain, evidence that other appropriate pain modalities have been tried and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. In this case, the medical records failed to specify the type of electrical unit that was used by the patient. There was also no discussion regarding the need for the requested accessories of the unspecified electrical unit. Therefore, the request for retrospective request for 72 battery packs DOS: 9/27/13 is not medically necessary.

RETROSPECTIVE REQUEST FOR 96 ADHESIVE REMOVER WIPES DOS:9/27/13:
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 9792.24.2
Page(s): 114-116.

Decision rationale: According to pages 114-116 of the CA MTUS Chronic Pain Medical Treatment Guidelines, TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. Criteria for the use of TENS unit include chronic intractable pain, evidence that other appropriate pain modalities have been tried and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. In this case, the medical records failed to

specify the type of electrical unit that was used by the patient. There was also no discussion regarding the need for the requested accessories of the unspecified electrical unit. Therefore, the request for retrospective request for 96 adhesive remover wipes DOS:9/27/13 is not medically necessary.

RETROSPECTIVE REQUEST FOR 2 LEAD WIRES PER PAIR DOS:9/27/13: 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 9792.24.2 Page(s): 114-116.

Decision rationale: According to pages 114-116 of the CA MTUS Chronic Pain Medical Treatment Guidelines, TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. Criteria for the use of TENS unit include chronic intractable pain, evidence that other appropriate pain modalities have been tried and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. In this case, the medical records failed to specify the type of electrical unit that was used by the patient. There was also no discussion regarding the need for the requested accessories of the unspecified electrical unit. Therefore, the request for retrospective request for 2 lead wires per pair DOS:9/27/13 is not medically necessary.