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| Case Number: | CM13-0057683 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 07/20/2010 |
| Decision Date: | 03/21/2014 | UR Denial Date: | 10/18/2013 |
| Priority: | Standard | Application Received: | 11/25/2013 |

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 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 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:

This 63 year-old female sustained an injury on 7/20/10 while employed by the Department of Corrections. The patient fell off a step and landed on her left hip and shoulder. A report dated 9/23/13 noted that the patient was authorized for additional acupuncture. Her low back pain had improved at that time. A TENS unit helps and is improving her function with regards to bathroom activities. Exam showed tenderness of the Achilles, motor strength of 5/5 with intact sensory to lower extremities, and normal deep tendon reflexes. Diagnoses included left piriformis syndrome, left trochanteric bursitis, myofascial pain syndrome, bilateral carpal tunnel syndrome, weak hip extensors, bilateral pes planus, and calcaneal bursitis. The treatment plan included a home exercise program, acupuncture, Tizanidine, Theracane, labs, and TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

purchase of a TENS unit and supplies: Upheld

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

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

Decision rationale: Specified criteria for the use of a TENS unit include a trial in conjunction with ongoing treatment modalities. There should be documented chronic intractable pain lasting at least three months, and other appropriate pain modalities, such as medication, should have previously failed to assist. It appears that the patient has received extensive conservative treatment, including medications and physical therapy. There is no documentation on what TENS unit is to be purchased, on the amount of functional improvement that came about from the initial trial, or of short-term or long-term goals of treatment with the TENS unit. Submitted reports have not adequately addressed or demonstrated any functional benefit or pain relief as part of the functional restoration approach to support the request for the TENS Unit. There is no evidence for increases in activities of daily living, decreased VAS score, medication usage, or treatment utilization from the physical therapy treatment already rendered. The TENS unit for purchase and supplies are not medically necessary and appropriate