

Case Number:	CM13-0058146		
Date Assigned:	12/30/2013	Date of Injury:	04/21/2010
Decision Date:	07/25/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/26/2013

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 Orthopedic Surgery and is licensed to practice in Arizona. 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:

This is a 55-year-old female with injuries that date back to 1979 and range between 1979 and 4/21/2010. The patient is a chronic pain patient who complains of pain from her neck to her sacrum. The pain is burning in nature it is associated with spinal stiffness and it radiates down the lower extremities. The patient is taking Vicodin 5/500 mg; frequency however is unknown. The patient has had spinal surgery, shoulder surgery, and carpal tunnel releases over this period of time. She also has medical problems attributed to her injuries, such as, cholecystitis with cholecystectomy and hypertensive heart disease. A request is made for next force stimulator units to be used for a 30 day trial and a conductive garment to be used with the stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

X Force Stimulator Unit Times Thirty Day Trial: Upheld

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

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

Decision rationale: According to the chronic pain guidelines, transcutaneous electrotherapy is not recommended as a primary or isolated treatment modality. It is to be used as an adjunct to a

program of evidence-based functional restoration. I can find no documentation in the records I have available that the patient is on any type of an evidence-based functional restoration program. Lacking this type of program, the medical necessity for transcutaneous electrotherapy has not been established.

Conductive Garment Supplies Times Three Months: Upheld

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

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

Decision rationale: A formfitting transcutaneous electrotherapy garment is considered medically necessary when there is documentation that there is such a large area that requires stimulation that a conventional system cannot accommodate the treatment and/or that the patient has a medical condition that prevents the use of the traditional system or the TENS unit is to be used under a cast. Again, I can find no documentation as to what areas of the patient's body this unit is being recommended for, nor are there any medical issues or casting issues that would require a formfitting garment. Therefore, the medical necessity of a formfitting garment has not been established.