

Case Number:	CM13-0064230		
Date Assigned:	01/03/2014	Date of Injury:	07/25/2008
Decision Date:	06/04/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/11/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management 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 injured worker is a 52-year-old female who reported an injury on 07/25/2008. The mechanism of injury was not stated. Current diagnoses include bilateral plantar fasciitis, lumbar disc protrusion with foraminal stenosis, lumbar annular tear, status post lumbar surgery in 2009, bilateral cervical radiculopathy, thoracic pain, and right shoulder pain. The injured worker was evaluated on 12/11/2013. The injured worker reported persistent pain over multiple areas of the body with activity limitation. Physical examination revealed limited lumbar range of motion. Treatment recommendations included a 60 day trial of a TENS unit and a gym membership for 1 year.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSCUTANEOUS ELECTRICAL NERVE STIMULATOR (TENS) FOR SIXTY (60) DAYS TRIAL: 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: The California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month home-based trial may be considered as a non-invasive conservative option. The current request for a 60 day trial exceeds guideline recommendations. There is also no evidence that other appropriate pain modalities have been tried and failed. There is no documentation of a treatment plan including the specific short and long term goals with the unit. It is also noted that the injured worker has utilized a TENS unit in the past to facilitate physical therapy. However, there was no documentation of how often the unit was used as well as outcomes of pain relief and function. Based on the clinical information received and the California MTUS Guidelines, the request is not medically necessary.

GYM MEMBERSHIP X 1 YEAR TO INCLUDE 6 SESSIONS WITH A TRAINER:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Gym Memberships.

Decision rationale: The Official Disability Guidelines state gym memberships are not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. The injured worker does not appear to meet criteria for the requested service. There is no documentation of an unresponsiveness to a home exercise program. There is also no indication that this injured worker requires specialized equipment. Based on the clinical information received, the request is not medically necessary.