

Case Number:	CM13-0068468		
Date Assigned:	01/03/2014	Date of Injury:	11/14/1986
Decision Date:	04/14/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/19/2013

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 Neuromusculoskeletal Medicine 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 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:

Based on the single medical documentation provided for this review dated 10/22/2013, the patient is a 61-year-old female who sustained some form of industrial injury on January 14, 1986. She has a diagnosis of left knee arthritis, right knee arthrofibrosis (status post arthroplasty), cervical radiculopathy, bilateral carpal tunnel syndrome and thoracic spondylosis. The patient complains of pain in her left knee, contracture of her right knee, neck pain, numbness and tingling in the bilateral hands/ wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTHCARE ASSISTANCE 24 HOURS PER DAY 7 DAYS A WEEK: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS 2009 Chronic Pain Medical Treatment Guidelines, Home Health Services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Section Page(s): 51.

Decision rationale: Healthcare assistance is recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker

services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. There is no documented need for continual home care in the medical documentation provided. The request is not medically necessary and does not meet state criteria for such care as outlined in the MTUS guidelines.

TENS UNIT SUPPLIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS 2009 Chronic Pain Medical Treatment Guidelines, TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Section Page(s): 114.

Decision rationale: TENS, chronic pain (transcutaneous electrical nerve stimulation) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. There is no documented evidence on a single medical document provided for review that meets the criteria above for use of a TENS unit. The request is not medically necessary.