

Case Number:	CM14-0009006		
Date Assigned:	02/14/2014	Date of Injury:	02/12/2009
Decision Date:	06/24/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/23/2014

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 applicant has filed a claim for chronic shoulder, low back, and bilateral hip pain reportedly associated with an industrial injury of February 12, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; a total hip arthroplasty; prior shoulder surgery; and unspecified amounts of physical therapy over the life of the claim. A September 19, 2013 progress note was notable for comments that the applicant reported multifocal back, hip, leg, shoulder, and arm pain. Some portions of the applicant's claims had been administratively contested by the claims administrator, it was stated. The applicant last worked in May 2009, it was acknowledged, and was no longer working. The applicant exhibits tenderness and limited range of motion both about the bilateral shoulders and lumbar spine with 5/5 bilateral upper and lower extremity motor strength. Authorization was apparently sought for physical therapy and tramadol. On October 7, 2013, the applicant was again asked to pursue physical therapy and placed off of work, on total temporary disability. Drug testing was endorsed. The remainder of the file was surveyed. There was no mention of the applicant's having completed an earlier trial of a TENS unit in any of the progress notes provided. It appears that authorization for the X-Force unit was sought through a handwritten progress note of December 10, 2013 which was sparse, difficult to follow, and not entirely legible. The applicant did report hip, low back, and shoulder pain on that day. The applicant was asked to obtain additional physical therapy and a lumbar support on that day.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-FORCE UNIT FOR LEFT SHOULDER, LUMBAR SPINE, BILATERAL HIPS:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

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

Decision rationale: The X-Force unit in question appears to represent a form of transcutaneous electrotherapy device. The request in question is a question for a purchase of this device. However, as noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, purchase of a TENS unit should be predicated on evidence of a successful outcome following an earlier one-month trial of the TENS unit in question, with favorable outcomes achieved in terms of both pain relief and function. In this case, however, the applicant does not appear to have received a one-month trial of the device in question before authorization was sought to purchase the device. There is no mention of the applicant having completed an earlier one-month trial of the device in question on the progress note in question of December 10, 2013. Therefore, the request is not medically necessary.