

Case Number:	CM14-0100421		
Date Assigned:	07/30/2014	Date of Injury:	03/26/2014
Decision Date:	08/29/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	06/30/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in Texas and Ohio. 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 54-year-old female with a reported date of injury on 03/26/2014. The mechanism of injury was due to a slip and fall. Her diagnoses were noted to include contusion to the left shoulder, left knee, and scalp. Her previous treatments were noted to include physical therapy, knee brace, and medications. The progress note dated 06/10/2014 revealed the injured worker rated her left knee and left hip pain at a 3 out of 10, and continued to have mild pain of the knee and hip with good range of motion. The injured worker has had therapy for the hip and claimed that using the electrical stimulation alleviated her hip pain. The physical examination revealed range of motion within normal limits to the right knee, and upon examination there was light tenderness to palpation. A physical examination to the right hip revealed range of motion was within normal limits and upon examination there was tenderness above the hip joint. The progress note dated 06/30/2014 revealed the injured worker rated her left shoulder pain at 1 out of 10, left knee pain at 3 out of 10, left hip pain at 3 out of 10, and head pain at 2 out of 10. The injured worker reported the use of the transcutaneous electrical nerve stimulation (TENS) unit, which provided relief of her hip pain, had been denied and having pain on her knee was altering her gait and exacerbating the pain on her hip. The injured worker revealed therapy, along with the TENS unit was helpful. The physical examination of the left knee revealed it was essentially unchanged since the last visit. The request for authorization form was not submitted within the medical records. The request was for an electrical stimulation device for hip pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrical Stimulation, 1 - left hip: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines-Hip and Groin Disorders.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, pages 114-115 Page(s): 114-115.

Decision rationale: The request for electrical stimulation, 1 to the left hip, is not medically necessary. The injured worker was utilizing a TENs unit for hip pain. The California Chronic Pain Medical Treatment Guidelines state that electric therapy represents a therapeutic use of electricity and is another modality that can be used in treatment of pain. Transcutaneous electrical therapy is the most common form of electric therapy or electrical stimulation as applied to the surface of the skin. The guidelines criteria for the use of TENs is documentation of pain of at least 3 months duration, there must be evidence that other appropriate pain modalities have been tried and failed, a 1 month trial period of the TENs unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. Other ongoing pain treatments should also be documented during the trial including medication usage. There is lack of documentation regarding failure of conservative treatment and whether the TENs unit would be used as an adjunct to ongoing treatment modalities with a functional restoration approach. Additionally, the request failed to prove whether the electrical stimulation will be used as a rental or a purchase. Therefore, the request for electrical stimulation, 1 left hip is not medically necessary and appropriate.