

Case Number:	CM14-0105491		
Date Assigned:	07/30/2014	Date of Injury:	11/26/2011
Decision Date:	10/01/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/08/2014

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 and 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 38-year-old female who reported an injury on 11/26/2011. She was reportedly run over by a slow moving truck causing a fracture to her right hip and injuring her left arm and leg. On 01/30/2014, the injured worker presented with left knee pain and left lower leg pain. There was frequent minimal to moderate right lower leg pain and right hip pain and low back pain. Upon examination of the lumbar spine, there was flexion at approximately 16 inches with low back pain. Extension was 15/25 with low back pain and the other ranges of motion were decreased by 15% with low back pain. There was a positive bilateral Kemp's, mild lumbar spasm, and tenderness over the left hip and leg. The diagnoses were knee sprain/strain, leg sprain/strain, hip/thigh sprain/strain, and lumbosacral sprain/strain. Prior therapy included medication. The provider recommended 2 sessions of EMS (electromuscular stimulation) and traction for the right hip, knee, and leg pain. The Request for Authorization form was dated 03/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 sessions of EMS (electrical muscle stimulation), and traction, 1 per month for 2 months for right hip, knee, and leg pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis, Traction

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

Decision rationale: MTUS Guidelines do not recommend a TENS unit as a primary treatment modality. A 1 month home-based TENS trial may be considered as a noninvasive option if used as an adjunct to a program of evidence-based functional restoration. The Official Disability Guidelines state that traction for the knee is not generally recommended. It is reserved for injured workers where surgery is contraindicated. There was a lack of documentation that the injured worker had an adequate TENS trial. Additionally, there is no evidence of an adjunctive exercise program to be used with the electromuscular stimulation unit. As there is a lack of documentation if the injured worker underwent an adequate TENS trial, and the guidelines not recommending traction, EMS and traction for the injured worker would not be warranted. As such, the request is not medically necessary.