

Case Number:	CM14-0124751		
Date Assigned:	08/08/2014	Date of Injury:	07/20/2010
Decision Date:	09/12/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/06/2014

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 Oklahoma. 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 40-year-old female who reported an injury on 04/20/2010. The mechanism of injury was not provided in the medical notes. The injured worker's diagnoses are low back and bilateral knee pain. The injured worker's past treatment includes a TENS unit as well as physical therapy. The number of sessions was not documented in the medical records. The injured worker's surgical history includes a left knee scope that was performed on 03/19/2014 with a synovectomy and lateral retinaculum release. The injured worker complained of low back pain as well as bilateral lower extremity pain. The injured worker had tenderness on palpation to the bilateral lower extremity paraspinal to the medial aspect of the right knee. The current medications were noted to include tramadol 50 mg 1 to 2 tablets every 6 hours as needed for pain. The request was for replacement leads and supplies for a home TENS Unit and an LSO brace and a home exercise chair. Request for Authorization dated 06/05/2014 was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment (DME) -Leads and Supplies for EMS Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Knee & Leg-DME.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tens
Page(s): 114-116.

Decision rationale: CA MTUS states criteria for TENS includes chronic intractable pain. There must be documentation of pain of at least three months duration. There is evidence that other appropriate pain modalities have been tried (including medication) and failed. The clinical information indicated the injured worker needed a replacement of her TENS unit due to a short. However, the clinical does not document the success of the use of the EMS unit, VAS pain scales during the use to support continuation. As such, the request is non-certified.

Durable Medical Equipment (DME) -LSO Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Knee & Leg-DME.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 300.

Decision rationale: The request is for LSO brace, which is non-certified. CA MTUS/ACOEM states lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The clinical information provided indicated the injured worker's current LSO brace is worn out and needs to be replaced. However, as guidelines do not recommend the use of lumbar supports beyond the acute phase, the request is not supported. As such, the request is non-certified.

Durable Medical Equipment (DME) -Home Exercise Chair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Knee & Leg-DME-Exercise Equipment.

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 , Durable medical equipment.

Decision rationale: The request is for a home exercise chair that is non-certified. Official Disability Guidelines (ODG) knee & leg indicates criteria for durable medical equipment includes documentation for the use of the equipment .The clinical does not document any limitations that would benefit the patient with a home exercise chair when the patient has completed physical and aquatic therapy without documentation of failures. As such, the request is non-certified.