

Case Number:	CM14-0174342		
Date Assigned:	10/24/2014	Date of Injury:	12/27/2013
Decision Date:	12/03/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/20/2014

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 Internal 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 patient is an injured worker with a history of hip fracture. Date of injury was 12-27-2013. Mechanism of injury was a fall resulting in hip fracture. Orthopedic report dated 07/31/2014 documented that the patient had closed reduction and trochanteric femoral nail fixation of unstable right peritrochanteric hip fracture on 12/28/13. The injury was at work when he fell at the loading dock. He was using a walker. Diagnoses included arthritis of bilateral knees and a history of right intertrochanteric femur fracture. He was a truck driver. Physical examination was documented. Right hip incision was healing well without any erythema, drainage, or evidence of infection. Flexion was 110 degrees. X-ray demonstrated that the fracture was healed in good position. Knee had degenerative joint disease. Fracture was healing well. The fracture was healed. Surgery was performed 12/27/13. Utilization review determination date was 10/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit Purchase with two months supplies (Electrodes, Batteries and Lead wires):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Transcutaneous electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Transcutaneous electrotherapy, Electrical stimulators (E-stim), Functional restoration programs.

Decision based on Non-MTUS Citation ACOEM 3rd Edition Bibliographic Source: Hip and groin disorders. In: Hegmann KT, editor(s). Occupational medicine practice guidelines. Evaluation and management of common health problems and functional recovery in workers. 3rd ed. Elk Grove Village (IL): American College of Occupational and Environmental Medicine; 2011. p. 1-440. Guideline.gov

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses transcutaneous electrotherapy. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. TENS is not recommended as a primary treatment modality, but TENS may be considered as an option, if used as an adjunct to an evidence-based functional restoration program (FRP), for the conditions described below. The conditions are neuropathic pain, complex regional pain syndrome CRPS, diabetic neuropathy, post-herpetic neuralgia, phantom limb pain, spasticity in spinal cord injury, and multiple sclerosis. ACOEM 3rd edition (2011) states that transcutaneous electrical nerve stimulation (TENS) is not recommended for acute, subacute, or chronic hip pain. Medical records documented right hip intertrochanteric femur fracture with a date of injury 12/27/13. Orthopedic report dated 07/31/2014 documented that the fracture was healing well. Medical records do not document complex regional pain syndrome CRPS, neuropathic pain, diabetic neuropathy, post-herpetic neuralgia, phantom limb pain, spasticity in spinal cord injury, and multiple sclerosis. Medical records do not document enrollment in an evidence-based functional restoration program (FRP), which is a MTUS requirement for TENS. ACOEM 3rd edition (2011) states that transcutaneous electrical nerve stimulation (TENS) is not recommended for acute, subacute, or chronic hip pain. MTUS and ACOEM guidelines do not support the medical necessity of TENS for hip conditions. Therefore, the request for TENS Unit Purchase with two months supplies (Electrodes, Batteries and Lead wires) is not medically necessary.