

Case Number:	CM14-0175297		
Date Assigned:	10/28/2014	Date of Injury:	04/10/2013
Decision Date:	12/04/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/23/2014

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 is a represented () employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of April 10, 2013. Thus, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier knee surgery in July 2013; unspecified amounts of physical therapy; and reported return to regular duty work. In a Utilization Review Report dated September 25, 2014, the claims administrator denied a request for an electrical stimulation machine plus TENS unit and also denied a six-month gym membership. The claims administrator stated that it was basing its decision on a request for authorization form dated September 11, 2014 and associated progress notes of July 24, 2014 and September 11, 2014. These progress notes were not, however, incorporated into the independent medical review packet. The applicant's attorney subsequently appealed. In a February 30, 2014 progress note, the applicant reported ongoing complaints of shoulder, elbow, low back, and knee pain with derivative complaints of psychological stress, anxiety, depression, and social isolation. It was stated that the applicant was currently working, however. MRI imaging of the lumbar spine, left knee, and low back were sought while the applicant was returned to regular duty work. In a July 6, 2014 medical-legal evaluation, it was suggested that the applicant was working. The medical-legal evaluator suggested that the applicant should be afforded usage of a home electrical stimulation unit and/or a gym membership. It was stated that the applicant had returned to full-time unrestricted work. It was not clearly stated whether the applicant had previously employed the TENS unit on a trial basis or not.

IMR ISSUES, DECISIONS AND RATIONALES

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

E-Stim machine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of TENS topic Page(s): 116.

Decision rationale: As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, provision of a TENS unit and/or associated supplies beyond an initial one-month trial should be predicated on evidence of a favorable outcome during said one-month trial, in terms of both pain relief and function. In this case, however, it appears that the TENS unit/electrical stimulation machine in question was sought without evidence of a previous successful one-month trial of the same. There was no mention of the applicant having previously used a TENS unit on a trial basis on a January 6, 2014 medical-legal evaluation or the February 13, 2014 progress note, referenced above. While it is acknowledged that the September 11, 2014 Request for Authorization (RFA) form and associated progress note on which the article in question was sought was not incorporated into the medical review packet, the information which is on the file, however, fails to support or substantiate the request. Therefore, the request is not medically necessary.

■ membership x 6 months: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 83, to achieve functional recovery, applicants must assume certain responsibilities, one of which includes adhering to and maintaining exercise regimens. The gym membership being sought here, thus, per ACOEM, is an article of applicant responsibility, as opposed to an article of payor responsibility. The information on file, furthermore, points to the applicant having successfully returned to regular duty work, with no significant residuals of his earlier knee surgery. The applicant should, thus, be capable of transition to a home exercise program without the formal gym membership being sought here. While it is acknowledged that the September 11, 2014 RFA form and associated progress note on which the article in question was sought was not incorporated into the IMR packet, the information which is on the file, however, fails to support or substantiate the request. Therefore, the request is not medically necessary.