

Case Number:	CM14-0033304		
Date Assigned:	06/20/2014	Date of Injury:	09/26/2006
Decision Date:	07/22/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/17/2014

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 Medicinal and Rehabilitation and is licensed to practice in Illinois. 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 47 year old female who reported an injury on 09/26/2006 due to continuous trauma. The injured worker complained of back pain and bilateral hand pain. The injured worker rated her pain at a 9/10 on VAS. On physical examination the injured worker had a limp favoring the right lower extremity. There was limited range of motion of the cervical and lumbar spine. There was tenderness in the cervical paravertebral muscles, trapezius and lumbar paravertebral muscles. The injured worker was able to reach to 60 degrees of lumbar flexion. The injured worker had mild pain bilaterally in both knees with limited range of motion to flexion. There was also joint line tenderness, medial more than lateral. The injured worker also had a weak grip. Overall the injured worker indicated to be getting worse. The injured worker has diagnoses of S/P right knee arthroscopic surgery, left ankle/foot internal derangement, C/S radiculopathy, L/S sprain and strain with myofascitis. The injured worker has had physical therapy, psychiatric therapy and medication therapy. Medication to include Motrin, Prozac, Risperdal and Klonopin. There was no dosage or duration noted in submitted report. The treatment plan is for a Functional Capacity Test and TENS unit for purchase. The rationale was not submitted for review. The requests for authorizations were submitted on 02/06/2014 by [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2nd edition, chapter 7 Independent Medical Examinations and Consultations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional capacity evaluation (FCE).

Decision rationale: The request for Functional Capacity Test is not medically necessary. The injured worker complained of back pain and bilateral hand pain. The injured worker rated her pain at a 9/10 on VAS. ODG guidelines for performing a FCE are as followed: Case management is hampered by complex issues such as prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job, injuries that require detailed exploration of a worker's abilities. Timing is also appropriate, close or at MMI/all key medical reports secured. Additional/secondary conditions clarified. ODG guidelines also state that it is not recommended as routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally. The submitted report gave no reason as to why the injured worker would need a functional capacity test. There was a lack of evidence regarding the functional deficits of the injured worker. Most of the submitted report consisted of her mental and emotional status. There was also no evidence of conflicting medical reports on the injured worker or fitness for modified job. Furthermore, there was a lack of details as to why the injured worker was worsening. As such, the request for a Functional Capacity Test is not medically necessary.

TENS unit for purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation), page(s) 114-116 Page(s): 114-116.

Decision rationale: The request for TENS unit for purchase is non-certified. The injured worker complained of back pain and bilateral hand pain. The injured worker rated her pain at a 9/10 on VAS. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that there must be documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (Including medication) and failed and other ongoing pain treatment should also be documented during the trial period including medication usage. MTUS also states that a TENS unit is only considered medically necessary when there is documentation that there is such a large area that requires stimulation that a conventional system cannot accommodate the treatment, that the patient has medical conditions (such as skin pathology) that prevents the use of the traditional system, or the TENS unit is to be used under a cast (as in treatment for disuse atrophy). The proposed necessity of the unit should be documented upon request. Rental would be preferred over purchase during this 30-day period. Given the above guidelines the injured worker is not within guidelines for the purchase of a TENS unit. There was a lack of documentation on the injured workers pain for the past 3 months. The reports

lacked evidence that there had been other attempts of pain relief for the injured worker. No documentation of conservative care therapy attempted and failed. The only notations on medications were vague and failed to note dosage or duration. Furthermore, the guideline stipulate that the initial trial of a TENS unit be a rental for a time period of 30 days with proper documentation of proposed necessity. As such, the request for a TENS unit for purchase is not medically necessary.