MAXIMUS Federal Services

Case Number:	CM14-0086984		
Date Assigned:	07/23/2014	Date of Injury:	04/19/2013
Decision Date:	09/26/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/10/2014

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 Nevada. 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 records presented for review indicate that this for 45 year-old male was reportedly injured on 4/19/2013. The mechanism of injury is listed as a motorcycle accident in which he suffered a wrist fracture and underwent ORIF on 4/20/2013. The claimant also underwent right hip surgery on 10/18/2013; and developed a hip infection postoperatively. He was placed on IV antibiotics and underwent a right adductor I&D (incision and drainage) on 11/20/2013. He underwent arthroscopic knee surgery on 4/18/2014. The previous utilization review references progress notes dated 4/30/2014, 5/1/2014 and 5/13/2014; however, those progress notes are not provided for this independent review. The reviewer indicates that the progress notes documented ongoing complaints of knee pain, restricted motion, weakness and postoperative swelling. Examination shows that the claimant has a meniscal tear, chondromalacia and synovitis. No recent diagnostic imaging studies available for review. Previous treatment includes physical therapy, knee bracing, and medications. A request had been made for TENS unit, TENS 4 leads, electrodes #6, batteries 8 volt #5, and custom fit orthotics for bilateral feet #2, which were not certified in the utilization review on 5/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEN (transcutaneous electrical nerve stimulation) unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113-116.

Decision rationale: MTUS treatment guidelines recommends against using a transcutaneous electrical nerve stimulation (TENS) unit as a primary treatment modality and indicates that a one-month trial must be documented prior to purchase of the unit. Based on the clinical documentation provided, the TENS unit is being used as a primary treatment modality and there is no documentation of a previous one-month trial. Furthermore, the MTUS notes that an appropriate trial should include documentation of how often the unit was used, the outcomes in terms of pain relief and reduction, and there is no noted efficacy provided in the progress of presented for review. As such, the request for a TENS unit is not medically necessary.

TEN (transcutaneous electrical nerve stimulation) 4 leads, electrodes #6, batteries 8 volt #5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113-116.

Decision rationale: MTUS treatment guidelines do not support a transcutaneous electrical nerve stimulation (TENS) unit; therefore, TENS unit supplies and batteries are not considered medically necessary.

Custom fit Orthotics for bilateral feet #2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS, Official Disability Guidelines (ODG) TWC/ODG Integrated Treatment/Disability Duration Guidelines; Ankle & Foot (Acute & Chronic) - Orthotic Devices: (updated 7/29/2014).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG -TWC/ODG Integrated Treatment/Disability Duration Guidelines; Ankle & Foot (Acute & Chronic) - Orthotic Devices: (updated 7/29/2014).

Decision rationale: MTUS/ACOEM practice guidelines does not custom orthotics. ODG supports orthotics for pes planus, leg length discrepancies, plantar fasciitis and foot pain in rheumatoid arthritis. Review of the available medical records fails to document any guideline criteria for this request. As such, custom fit orthotics are not medically necessary.