

Case Number:	CM14-0113786		
Date Assigned:	08/01/2014	Date of Injury:	03/03/2011
Decision Date:	03/05/2015	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/21/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 50 year-old female with an original date of injury on March 3, 2011. The specific mechanism of injury was not provided in the submitted documentation, except that the patient has suffered multiple orthopedic traumas. The industrially related diagnoses are cervical sprain/strain with radiculopathy, left hip strain with bursitis, left knee sprain, left ankle strain/sprain, right ankle strain secondary to compensation, and left wrist and hand sprain/strain. The patient's treatments are physical therapy, oral medications, and topical medications. The oral and topical medications included Nucynta, Dendracin lotion, ibuprofen, Dyaide, plaquenil, Colace, Advair and Xopenex inhalers. An MRI of lumbar spine on July 17, 2012 showed disc desiccation at L5-S1, slight disc bulge at L4-L5 and L5-S1 with bilateral neuroforaminal stenosis at L5-S1. On February 27, 2013, the patient had left shoulder operative arthroscopy with subacromial decompression and distal third clavicle excision. An ultrasound of the left knee on January 17, 2012 demonstrated prominent mucoid and myxoid degeneration along the left knee posterior horn of medial meniscus. The disputed issue is the request for home stimulator unit supplies. A utilization review on July 7, 2014 has noncertified this request. The stated rationale for denial was the medical information submitted was not sufficient to complete the review as the clinical notes dated on June 19, 2014 and on May 5, 2014 had been written and barely legible and do not address the topic of stimulator unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Replacements supplies for home stimulator unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit, Neurmuscular Electrical Stimulation Page(s): 114-117, 121.

Decision rationale: Regarding the request for home stimulator unit supplies, there is not a clear specification of what type of home stimulator unit is being requested. According to a prescription in June 2014, the provider request an electric muscle stimulator, which is clearly recommended against on page 121 of the CPMTG. However, some home stimulators have TENS functionality and therefore we reference the Chronic Pain Medical Treatment Guidelines statements on transcutaneous electrical nerve stimulation (TENS). TENS is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach, with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Within the documentation available for review, there is documentation that the patient has undergone a EMS (electronic muscle stimulator) treatments from 5/5/2014 to 6/19/2014, however, there was no documentation of any specific objective functional deficits from such trial. In addition, the ordering provider did not specify what a TENS unit trial would be intended to address. Furthermore, there is no documentation regarding if the patient has failed conservative therapy such as oral medications. In the absence of clarity regarding those issues, the currently requested TENS unit is not medically necessary.