MAXIMUS Federal Services

Case Number:	CM14-0193788		
Date Assigned:	12/01/2014	Date of Injury:	04/16/2002
Decision Date:	02/03/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/19/2014

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 Rehab, has a subspecialty in Interventional Spine, 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 a 52 year old female with an injury date of 04/16/02. Based on the 08/15/14 progress report, the patient complains of left foot pain. Upon palpation, she has a very "sensitive medial aspect of her left foot/lateral aspect left." The 09/15/14 report indicates that the patient continues to have pain in her left lower leg and foot. She rates her pain as a 10/10 and states her pain is present 75% of the time. She needs some assistance with dressing and is unable to do home duties without any help. "She is using multiple durable medical equipment including a large Unna-type boot on her left foot and ankle wearing a carpal tunnel brace on her right wrist, as well as another brace on her right forearm. She is using a four-point walker with platforms strapped to her arm." The 11/03/14 report states that the patient has significant pain in her left foot and cannot stand long to shower. No additional positive exam findings were provided. She is currently taking Zoloft, Zofran, Norco, Baclofen, Gabapentin, Albuterol, and Dulera. The patient's diagnoses include the following: 1) Left foot crush injury2) Chronic pain The utilization review determination being challenged is dated 11/13/14. Treatment reports were provided from 05/13/14 to 11/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT SUPPLIES FOR 1 YEAR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-118.

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

Decision rationale: The patient presents with left foot pain as well as pain in his lower leg. The request is for TENS UNIT SUPPLIES FOR 1 YEAR. Per MTUS Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1-month home based trial may be considered for a specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple sclerosis. When a TENS unit is indicated, a 30 day home trial is recommended and with documentation of functional improvement, additional usage may be indicated. In this case, the treater does not provide any discussion regarding this request. There is no mention of the patient previously using the TENS unit for a 1-month trial, as required by MTUS guidelines. There are no discussions regarding any outcomes for pain relief and function. The treater has not indicated need for TENS unit based on MTUS criteria. There is no diagnosis of neuropathy, CRPS, or other conditions for which TENS unit are indicated. Therefore, the requested TENS unit IS NOT medically necessary.

SHOWER CHAIR: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability-Treatment In Workers Compensation (ODG-TWC) Knee and Leg Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) chapter, Durable medical equipment (DME).

Decision rationale: The patient presents with left foot pain as well as pain in his lower leg. The request is for a SHOWER CHAIR. MTUS and ACOEM Guidelines are silent with regards to this request; however, ODG Guidelines under durable medical equipment recommend: 1. DME can withstand repeated use.2. Primarily and customarily used to serve a medical purpose.3. Generally not useful to a person in the absence of injury.4. Appropriate for use in the patient's home.The 09/15/14 report indicates that the patient has pain in her left lower leg and foot. She rates her pain as a 10/10 and states her pain is present 75% of the time. She needs some assistance with dressing and is unable to do home duties without any help. "She is using multiple durable medical equipment including a large Unna-type boot on her left foot and ankle wearing a carpal tunnel brace on her right wrist, as well as another brace on her right forearm. She is using a four-point walker with platforms strapped to her arm." The patient's activities of daily living are severely affected due to this pain. The 11/03/14 report states that the patient has significant pain in her left foot and cannot stand long to shower.In this case, the patient does present with some difficulty in activities of daily living and the request for a shower chair to assist with self-care is reasonable. The requested shower chair IS medically necessary.