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| Case Number: | CM15-0004746 | | |
| Date Assigned: | 01/15/2015 | Date of Injury: | 07/07/2014 |
| Decision Date: | 03/12/2015 | UR Denial Date: | 12/05/2014 |
| Priority: | Standard | Application Received: | 01/08/2015 |

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 23 year old male sustained an industrial injury on 7/7/14. While lifting a heavy object, he sustained a left inguinal hernia. The injured worker underwent hernia repair surgery on 8/19/14. A progress note dated 11/5/14 states the injured worker has had a poor/ delayed recovery from surgery and has possibly developed neuralgia. The UR decision dated 12/05/14 non-certified the Pro Tech Multi Stim unit, Physiotherapy 1X Wk X 9 Wks. The Pro Tech Multi Stim unit, Physiotherapy 1X Wk X 9 Wks was denied based on the lack of objective findings per MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pro tech multi-stim unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116. Decision based on Non-MTUS Citation Pain section, TENS unit

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, ProTech multi-stimulator unit (TENS) is not medically necessary. 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 optional restoration, including reductions in medication use. Several published evidence-based assessments have found evidence is lacking concerning effectiveness. The criteria for TENS include, but are not limited to, evidence appropriate pain modalities have been tried and failed; a one month trial period of TENS 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; rental is preferable purchase during trial; other ongoing pain treatment should be documented during the trial. Including medication use; specific short and long-term goals should be documented and submitted; etc. In this case, the injured worker's working diagnoses are status post inguinal hernia repair, left side on 8/19/14 with poor, delayed recovery; rule out recurrent (occult) inguinal hernia; possible neuralgia & complication of surgical intervention and abdominal pain. Subjectively, the injured worker complains of constant, localized left side groin pain 6/10 in severity. The pain radiates into the inner thigh and lower abdomen. Objectively, there is no recurrent hernia present. There is tenderness to palpation. The injured worker is pending authorization for a hernia surgeon consultation. The documentation does not contain a regional body part for the TENS application. There is no TENS 30 day trial in the medical record. The diagnoses address status post inguinal hernia repair, rule out recurrent inguinal hernia, and possible neuralgia-complication of surgical intervention and abdominal pain. There is no musculoskeletal complaint documented. There is no prior physical therapy documented and no short-term and long-term goals for TENS use in the medical record. Consequently, absent clinical documentation with a TENS trial with other ongoing pain treatment with specific short and long-term goals, ProTech multi-stimulator (TENS) unit is not medically necessary.

Physiotherapy, 1 time a week for 9 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Pain section, Physical therapy

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy one time per week for nine weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and number of visits exceeded the guidelines, exceptional factors should be noted. In this case, he injured worker's working diagnoses are status post inguinal hernia repair, left side on 8/19/14 with poor, delayed recovery; rule out recurrent (occult) inguinal hernia; possible neuralgia & complication of surgical intervention and abdominal pain. Subjectively, the injured worker complains of constant, localized left side groin pain 6/10 in severity. The pain radiates into the inner thigh and lower abdomen. Objectively, there is no recurrent hernia present. There is tenderness to palpation. The injured worker is

pending authorization for a hernia surgeon consultation. The documentation does not address the specific musculoskeletal region. The diagnoses address status post inguinal hernia repair, rule out recurrent inguinal hernia, and possible neuralgia-complication of surgical intervention and abdominal pain. Additionally, the treating physician requested one physical therapy visit per week for nine weeks which is in excess of the recommended guidelines for a six visit clinical trial. Consequently, absent clinical documentation with an anatomical region to utilize physical therapy in excess of the recommended guidelines (a six visit clinical trial), physical therapy one time per week for nine weeks is not medically necessary.