

Case Number:	CM15-0132763		
Date Assigned:	07/20/2015	Date of Injury:	04/25/2005
Decision Date:	08/26/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/09/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 58 year old male who sustained an industrial/work injury on 4/25/05. He reported an initial complaint of bilateral shoulder pain. The injured worker was diagnosed as having right knee and bilateral shoulder osteoarthritis and patellofemoral pain syndrome, cervical disc disease, obesity, and depression. Treatment to date includes medication, Orthovisc injection, surgery (bilateral total hip replacements, right knee arthroplasty), home exercises, and physical therapy. X-ray results of chest reported on 3/6/15. Currently, the injured worker complained of right knee pain, s/p surgery. Ambulation is with a cane. Per the primary physician's report (PR-2) on 6/11/15, right knee has a moderate effusion, 4/5 quadriceps strength, a range of 10-110 degrees, knee is stable to varus and valgus stress, and mild swelling of the calf and pitting edema of both lower extremities. The requested treatments include transcutaneous electrical nerve stimulation (TENS) unit for purchase, leadwires for purchase, electrodes for purchase, and raised toilet seat for purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Knee and Leg Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines do not recommend TENS as a primary treatment modality, but support consideration of a one-month home-based TENS trial used as an adjunct to a program of evidence-based functional restoration. Furthermore, criteria for the use of TENS includes pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a documented one-month trial period stating how often the unit was used, as well as outcomes in terms of pain relief and function. The documentation submitted for review indicates that the injured worker has been successfully using TENS unit for pain control on his right knee, which is approximately 2.5 months post-op. It is not documented how often the unit was used or what outcomes in terms of pain relief and function were achieved. Absent this information, the medical necessity of purchase cannot be affirmed. Therefore, the request is not medically necessary.

Leadwires for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG 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, Durable medical equipment (DME).

Decision rationale: The Official Disability Guidelines state that durable medical equipment (DME) is defined as a device that can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in a patient's home. DME includes bathroom and toilet supplies, assistive devices, TENS unit, home exercise kits, cryotherapy, orthoses, cold/heat packs, etc. As the requested TENS unit was not medically necessary, the requested leadwires are not medically necessary.

Electrodes for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG 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, Durable medical equipment (DME).

Decision rationale: The Official Disability Guidelines state that durable medical equipment (DME) is defined as a device that can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in a patient's home. DME includes bathroom and toilet supplies, assistive devices, TENS unit, home exercise kits, cryotherapy, orthoses, cold/heat packs, etc. As the requested TENS unit was not medically necessary, the requested electrodes are not medically necessary.

Raised toilet seat for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG 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, Durable medical equipment (DME).

Decision rationale: Per the ODG guidelines: Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below. Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. Certain DME toilet items (commodes, bed pans, etc.) are medically necessary if the patient is bed-or room-confined, and devices such as raised toilet seats, commode chairs, sitz baths and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. Per the documentation submitted for review, the injured worker is able to ambulate with cane. Per progress report dated 6/11/15, right knee has a moderate effusion, 4/5 quadriceps strength, a range of motion of 10-110 degrees, knee was stable to varus and valgus stress, and mild swelling of the calf and pitting edema of both lower extremities. Absent documentation indicating difficulty with safe access to a standard toilet, the request is not medically necessary.