

Case Number:	CM15-0147593		
Date Assigned:	08/10/2015	Date of Injury:	01/23/2010
Decision Date:	09/28/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/28/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 38 year old male, who sustained an industrial injury on 1-23-2010. Diagnoses include joint pain pelvis and articular cartilage disorder of the pelvis. Treatment to date has included surgical intervention of the left hip (9-2014), followed by 12 postoperative sessions of physical therapy. Other treatment has included medications. Current medications include Ambien and OxyContin. Per the Primary Treating Physician's Progress Report dated 5-22-2015 the injured worker reported left hip pain described as sharp and throbbing with numbness and tingling that has remained the same since the last visit. He rates his current pain as 9 out of 10. Physical examination of the left hip revealed tenderness in the soft tissues and a well healed incision with full range of motion. The plan of care included refill of medications including Ambien and OxyContin and a gym membership. Authorization was requested for TENS unit and physical therapy (2x6) for the left hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation).

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

Decision rationale: The patient presents with pain affecting the left leg. The current request is for TENS unit. The treating physician states in the report dated 6/26/15, "We would like to get a TENS unit for the patient to be applied to his left leg." (338B) The MTUS Guidelines state, "Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option." In this case, a one month trial has not been completed prior to this request and it is not documented if this request is for a rental or a purchase. The current request is not medically necessary.