

Case Number:	CM15-0190330		
Date Assigned:	10/02/2015	Date of Injury:	06/12/1996
Decision Date:	11/10/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	09/28/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 69 year old female, who sustained an industrial injury on June 12, 1996. The injured worker was diagnosed as having lumbar facet arthropathy, lumbar radiculopathy, bilateral knee pain, bilateral plantar fasciitis, anxiety, depression, other chronic pain, and status post left knee surgery. Treatment and diagnostic studies to date has included medication regimen, use of orthotics, aquatic therapy, use of a transcutaneous electrical nerve stimulation unit, magnetic resonance imaging of the lumbar spine, and magnetic resonance imaging of the cervical spine. In a progress note dated September 11, 2015 the treating physician reports complaints of constant, electrical, stabbing pain to the low back that radiates to the bilateral lower extremities, along with tingling to the bilateral lower extremities. The treating physician also noted complaints of pain to the right knee, bilateral feet, groin, and buttocks along with complaints of insomnia secondary to pain, and tingling to the hands and feet. Examination performed on September 11, 2015 was revealing for an antalgic gait, spasms to the lumbar paraspinal muscles, tenderness to the right lumbar paravertebral muscles at lumbar three through five levels, decreased range of motion with pain, decreased sensation to the lumbar two to three dermatomes in the right lower extremity, tenderness to the right knee and the bilateral feet, "moderate" swelling to the right knee, and decreased range of motion to the bilateral lower extremities and the right knee with pain. The injured worker's pain level on September 11, 2015 was rated a 5 out of 10 with the use of her medication regimen and rated the pain level a 7 out of 10 without the use of her medication regimen. The progress note on September 11, 2015 noted that the injured worker "has ongoing activities of daily living limitations in the following areas

due to pain: self-care and hygiene, activity, and ambulation." The progress note also noted that the injured worker requires assistance with washing clothes, changing the bed, trimming toenails, and vacuuming. On September 11, 2015 the treating physician requested a transcutaneous electrical nerve stimulation unit with indefinite use as a "supportive pain control modality" noting "functional improvement" after completing at least a 30 day trial. The treating physician also requested a home health care evaluation for home care and activities of daily living assistance as indicated above. On September 28, 2015 the Utilization Review denied the requests for a transcutaneous electrical nerve stimulation unit for indefinite use and home health care evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous electrical nerve stimulation (TENS) unit (indefinite use): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. Indefinite use is not indicated despite benefit from a 30 day trial. Long-term benefit cannot be determined. The request for purchasing a TENS unit is not medically necessary.

Home health care evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

Decision rationale: Home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or intermittent basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. In this case, the evaluation was for activities of daily living. Such services are not considered a medical necessity. The request for home health evaluation is not medically necessary.

