

Case Number:	CM15-0190549		
Date Assigned:	10/02/2015	Date of Injury:	12/18/2012
Decision Date:	11/16/2015	UR Denial Date:	09/22/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 52 year old male, who sustained an industrial injury on 12-18-2012. Several documents included in the submitted medical records are difficult to decipher. The injured worker was being treated for a left femur fracture. On 9-1-2015, the injured worker presented for follow-up of the left hip and femur, status post femur fracture. The treating physician noted that medications were helping. The physical exam (9-1-2015) revealed decreased range of motion of the left leg. Surgeries to date have included an open reduction and internal fixation of the left femur. Treatment has included a transcutaneous electrical nerve stimulation (TENS) unit, a home exercise program, off work, and medications including topical pain and non-steroidal anti-inflammatory. Per the treating physician (9-1-2015 report), the injured worker was to continue remain off work. The requested treatments included 18 power packs. On 9-22-2015, the original utilization review non-certified a request for 18 power packs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Power packs for 18 (for purchase): 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: The claimant sustained a work injury in December 2012 with a left femur fracture. In November 2014 he was using TENS and the electrodes were replaced. When seen, medications were helping. He had decreased left hip range of motion. Norco and tramadol were prescribed. He was to follow-up with orthopedics. TENS supplies and a heating pad were requested. In this case, the continued use of TENS is supported. The claimant's TENS unit needs to be powered. However, the quantity being requested appears excessive and the number of batteries required to operate the unit is not specified. There are many factors that can influence how long the batteries last such as how often and for how long the unit is being used. In this case, the claimant would be expected to be able to use rechargeable batteries with rotation of the batteries as needed. Two sets of batteries would be required and units do not require the number of batteries being requested. For this reason, the request is not considered as being medically necessary