

Case Number:	CM15-0082024		
Date Assigned:	06/18/2015	Date of Injury:	03/24/2015
Decision Date:	07/16/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	04/29/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker is a 67 year old female, who sustained an industrial injury on 03/24/2015. She reported injuring her left cheek, lower back, left hip, and left arm after falling on concrete. The injured worker is currently working with modifications. The injured worker is currently diagnosed as having left hip contusion, face contusion, and left foot contusion. Treatment and diagnostics to date has included physical therapy and medications. In a progress note dated 03/24/2015, the injured worker presented with complaints of pain to face, left hip, burning on back, and right sided meniscal tear. Objective findings include minimal left hip pain with exterior rotation. The treating physician reported requesting authorization for Transcutaneous Electrical Nerve Stimulation Unit purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit purchase to use as needed for the left hip and the left ineligible body part:
 Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, page 371 Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous Electrical Nerve Stimulation Page(s): 114-116.

Decision rationale: According to MUTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. Furthermore, there is no clear information about a positive one month trial of TENS. There is no recent documentation of recent flare of her pain. The provider should document how TENS will improve the functional status and the patient's pain condition. Therefore, the prescription of TENS unit purchase to use as needed for the left hip and the left ineligible body part is not medically necessary.