

Case Number:	CM14-0120322		
Date Assigned:	08/06/2014	Date of Injury:	12/22/2013
Decision Date:	10/21/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/30/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 48 year old male whose date of injury is 12/22/2013. On this date he was struck by a bag causing him to fall. Treatment to date includes physical therapy and medication management. MRI of the left hip dated 01/27/14 revealed mild to moderate edema at the greater trochanter at the region of the insertion of the anterolateral gluteus medius, no acute fracture or osteonecrosis, and no labral or high grade chondral injury. Note dated 06/16/14 indicates that pain is rated as 6-7/10. On physical examination of the left hip there is decreased range of motion and tenderness to the iliac crest region. Diagnoses are left hip avulsion fracture of greater trochanter, and continue left hip greater trochanteric bursitis. Note dated 07/21/14 indicates that the injured worker has received a TENS unit. Prior utilization review denied a request for a 30 day trial dual TENS (transcutaneous electric nerve stimulator) Unit for left hip on 07/9/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 day trial dual TENS (transcutaneous electric nerve stimulator) Unit for left hip: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 114-117 of 127.

Decision rationale: The submitted records indicate that the injured worker has previously utilized a TENS unit; however, there are no objective measures of improvement provided as required by CA MTUS guidelines. There are no specific time-limited treatment goals provided in accordance with CA MTUS guidelines. Therefore, medical necessity of the requested TENS unit rental cannot be established in accordance with CA MTUS guidelines. Based on the clinical information provided, the request for 30 day trial dual TENS (transcutaneous electric nerve stimulator) unit for left hip is not recommended as medically necessary.