

Case Number:	CM14-0148205		
Date Assigned:	09/18/2014	Date of Injury:	02/11/2008
Decision Date:	10/24/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/11/2014

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 Emergency 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 55-year-old female who reported injuries due to a motor vehicle accident on 02/11/2008. On 02/10/2014, her diagnoses included end stage osteoarthritis of the knees and osteoarthritis of the left hip. She underwent a right knee arthroscopy in 07/2008 and a left knee arthroscopy in 09/2011. She did note some benefit from these surgeries. She had undergone trials of Synvisc injections in both knees without significant long term benefit. She has undergone trials of multiple narcotics to treat her pain, including Nucynta, Darvocet, Vicodin, Tramadol, and Norco, and found all of these medications to be unsatisfactory. She was using Lodine of an unknown dosage with some benefit. She had also undergone a right carpal tunnel decompression in 2000 and a left carpal tunnel decompression in 2006. The treatment plan and recommendations were for this injured worker to undergo a trial of acupuncture. On 03/10/2014, it was noted that she was participating in a home exercise program and walking 2 to 2 1/2 miles per day. She did receive authorization for the acupuncture treatments and had not started at the time of the progress note. She had changed her diet to a vegetarian diet and was hopeful that she would be able to lose some weight. The treatment plan and recommendations were for 6 sessions of aquatic therapy. On 08/27/2014, her diagnoses included joint pain of the shoulder. At an unknown date, she had had a debridement of the left shoulder. The treatment plan included a request for an MRI of the right knee. There was no rationale or Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment TENS Unit with HAN Therapy Purchase QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous Electrical Nerve Stimulation) Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, (transcutaneous electrical nerve stimulation), Page(s): 114-116.

Decision rationale: The request for a durable medical equipment TENS unit with HAN therapy purchase quantity 1 is not medically necessary. The California MTUS Guidelines recommends a TENS unit as an adjunct to a program of evidence based functional restoration for chronic neuropathic pain. Additionally, a treatment plan including the specific short term and long term goals of treatment with a TENS unit should be submitted. TENS units are not recommended as a primary treatment modality, but a 1 month home based TENS trial may be considered as a noninvasive conservative option, if used for phantom limb pain, CRPS 2, spasticity, and multiple sclerosis. Randomized controlled trials do not agree on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long term effectiveness. Other ongoing pain treatment should also be documented during the trial period, including medication usage, along with the treatment plan as noted above. There was no evidence in the submitted documentation that this worker participated in a 30 day trial of a TENS unit. There was no quantified documentation of the effectiveness of her medication regimen regarding pain relief. It is unclear what "HAN therapy" is. Additionally, the request did not specify the part of the body that the proposed TENS unit was to be utilized on, nor did it specify a frequency of application. The clinical information submitted failed to meet the evidence based guidelines for a TENS unit. Therefore, this request for a durable medical equipment TENS unit with HAN therapy purchase quantity 1 is not medically necessary.

Durable Medical Equipment Electrodes - eight pairs per month for lifetime supply: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary equipment is not medically necessary, none of the associated services are medically necessary.

Durable Medical Equipment Batteries - six units per month for lifetime supply: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary equipment is not medically necessary, none of the associated services are medically necessary.

