

Case Number:	CM15-0179094		
Date Assigned:	09/21/2015	Date of Injury:	08/06/2013
Decision Date:	10/22/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/11/2015

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: California, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 47 year old male, who sustained an industrial-work injury on 8-6-13. He reported initial complaints of lumbar pain. The injured worker was diagnosed as having status post decompression laminectomy with microdiscectomy at left L5-S1, left hip labral tear with cam impingement, and left hip arthroscopic femoral neck resection. Treatment to date has included medication, physical therapy, surgery, and diagnostics. Currently, the injured worker complains of significant hip discomfort during physical therapy. Per the primary physician's progress report (PR-2) on 7-21-15, exam notes left sided limp, ability to heel-toe stand, lumbar range of motion at 50% in all planes, normal lower extremity strength bilaterally, negative straight leg raise, absent patellar and Achilles reflexes, bilaterally. The Request for Authorization requested service to include Retrospective purchase of intensity twin stimulator and four electrodes (interferential TENS unit with four electrodes) (DOS- 6/18/2015). The Utilization Review on 8-17-15 partially-modified-denied the request due to lack of clinical documentation regarding use of transcutaneous electrical nerve stimulation (TENS) unit treatment or how often it was to be used, and outcomes in regard to pain relief and function, per CA MTUS (California Medical Treatment Utilization Schedule) Chronic Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective purchase of intensity twin stimulator and four electrodes (interferential TENS unit with four electrodes) (DOS- 6/18/2015): 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): Electrical stimulators (E-stim).

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, Galvanic Stimulation, page 117 and Interferential Current Stimulation, page 118, provide the following discussion regarding the forms of electrical stimulation contained in the SurgStim 4: Galvanic stimulation is not recommended by the guidelines for any indication. In addition interferential current stimulation is not recommended as an isolated intervention. Therefore the SurgStim 4 is not recommended by the applicable guidelines and is therefore not medically necessary.