

Case Number:	CM15-0068524		
Date Assigned:	04/16/2015	Date of Injury:	04/17/2014
Decision Date:	05/15/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/10/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 60 year old female who sustained an industrial injury on 4/17/14. She has reported initial complaints of left ankle injury with pain. The diagnoses have included left ankle fracture with open reduction internal fixation (ORIF) on 5/2/14. Treatment to date has included medications, diagnostics, surgery and physical therapy which was beneficial. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the left ankle and x-ray of the left ankle. Currently, as per the physician progress note dated 1/19/15, the injured worker complains of pain and pressure in the left ankle. She reports that she has had physical therapy and it was beneficial. She was noted to be working at the timer of the exam. The objective findings on the foot and ankle exam revealed scar over the ankle, she was not able to toe walk or heel walk, and decreased muscle strength of the left ankle. The diagnostic tests were noted in the records. The current medications were not listed. The previous therapy sessions were noted. Treatment plan was to continue with physical therapy and X-force stimulator. Work status was with restrictions. The physician requested treatment included one three-month rental to purchase of X-Force stimulator with garments.

IMR ISSUES, DECISIONS AND RATIONALES

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

One three-month rental to purchase of X-Force stimulator with garments: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117. Decision based on Non-MTUS Citation <http://www.sevensesadm.com/force-stimulator/>.

Decision rationale: One three-month rental to purchase of X-Force stimulator with garments is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and an online review of this product. The guidelines state that a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. The request exceeds the guideline recommendation for a one month rental of a TENS unit. An online review states that this device is a dual modality unit, offering TEJS and TENS functions that both use electrical stimulation to combat pain found in the joint capsule. The documentation is not clear on why the patient cannot use a TENS over a dual unit. The request for a three-month rental to purchase of X-Force stimulator with garments is not medically necessary.