

Case Number:	CM13-0017177		
Date Assigned:	10/11/2013	Date of Injury:	03/13/2012
Decision Date:	01/29/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/27/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 physician 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.

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 patient was injured at work on October 23, 2012 while marking some manholes in the street, when a motorist, sideswiped him. He fell on his left knee. He did not lose consciousness. He had pain in his left ankle, left knee and left hip. MRI 10/27/12 EXAMINATION: LEFT KNEE IMPRESSION: 1. Contusions of the lateral femoral condyle and lateral tibial plateau. 2. Complete disruption of the anterior cruciate ligament 3. High-grade partial tear of the medial collateral ligament. 4. Sprain of the femoral attachment of the fibular collateral ligament. 5. Strain of the distal belly of the vastus medialis muscle. 6. Strain of proximal belly of the lateral head of the gastrocnemius muscle. 7. Horizontal cleavage tear of the posterior horn of the medial meniscus. There is also a radial tear of the root attachment of the posterior horn of the medial meniscus. 8. Horizontal cleavage tear of the anterior horn and body of the lateral meniscus. 9. Mild fissuring of the cartilage covering the medial facet of the patella. 10. 5 cm Baker's cyst. The patient is being seen for a follow-up evaluation in regard to his complaints in the cervical spine, left shoulder and lumbosacral spine. However, he still complains of pain in the above-noted areas.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (transcutaneous electrical nerve stimulation) unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

Decision rationale: The Physician Reviewer's decision rationale: According to the Chronic Pain Medical Treatment Guidelines , only one home TENS unit is necessary. According to the documentation submitted, there is no evidence that patient has tried other appropriate modalities and failed. There is no documentation of a one month trial period of a TENS unit. There is no documentation of ongoing treatment plan including medication usage. The request for a TENS unit is not medically necessary or appropriate.