

Case Number:	CM13-0017587		
Date Assigned:	11/06/2013	Date of Injury:	06/19/2010
Decision Date:	02/06/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/28/2013

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 Orthopedic Surgery and is licensed to practice in California. 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. 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 claimant is a 52-year-old female who sustained work related accident 06/19/10. Clinical records reviewed indicate a current request for "durable medical equipment". It states that the claimant was with post injury complaints of knee pain after a slip and fall where she was diagnosed with meniscal tearing. It also indicates that her weight was being treated with weight loss reduction prior to decision for surgical arthroscopy. Conservative care regarding the knee has included anti-inflammatory agents, medication management, a knee brace, and activity restrictions. There is current request for use of a TENS unit and associated devices for the claimant's knee at present. There is no indication that surgical process has occurred. Specific request of this case is for "durable medical equipment" and to the best of this reviewer's understanding is specifically for a TENS device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable medical equipment: 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
Transcutaneous electrical nerve stimulation (TENS) / Transcutaneous electrotherapy Page(s):
114-.

Decision rationale: Based on California MTUS Chronic Pain Guidelines the role of a TENS device and associated accessories in the form of durable medical equipment would not be indicated. TENS is not recommended as an isolated intervention but only as a program of functional based restoration. In the chronic pain setting, there is only evidence to support the trial of the device for a short period of one month. Current clinical records fail to demonstrate evidence of a functional program of restoration or specific documentation of other forms of treatment currently being utilized. Thus the role of this durable medical equipment would not be indicated at present.