

Case Number:	CM13-0019556		
Date Assigned:	10/11/2013	Date of Injury:	11/23/2010
Decision Date:	01/27/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/03/2013

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 Anesthesiology has a subspecialty in Pain Medicine 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:

This is a 33 year old male with date of injury 11/23/10 resulting in diagnosis of right knee meniscus tear related to sprain/strain. The injured worker is refractory to physical therapy. MRI performed 7/10/13 revealed grade III abnormality of posterior horn of medial meniscus representing oblique tear. Date of UR decision was 8/15/13. On 8/8/13 chiropractic provider initiated request for referral to MD for medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Section Page(s): 114-116.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines do not recommend TENS as a primary treatment modality, but support consideration of a one-month home-based TENS trial used as an adjunct to a program of evidence-based functional restoration. Furthermore, criteria for the use of TENS includes pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and

failed, and a documented one-month trial period stating how often the unit was used, as well as outcomes in terms of pain relief and function. There has been pain for at least three months duration at the time of the request. Because there is neither documentation that other appropriate pain modalities have been tried (including medication) and failed, nor documented trial period with a rented TENS unit, the request for TENS unit is not medically necessary.