

Case Number:	CM13-0024974		
Date Assigned:	12/13/2013	Date of Injury:	04/21/2012
Decision Date:	06/16/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/13/2013

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. The expert reviewer is Board Certified in Occupational 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 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/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 patient is an employee of [REDACTED] and has submitted a claim for left knee, left foot, and right hip pain with an industrial injury date of April 21, 2012. Treatment to date has included medications, physical therapy, home exercises, and knee brace. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of achy and sharp left knee pain, 8/10; achy left foot pain, 5/10; and sharp right hip pain, 9/10. On physical examination, there was limited movement of the left knee with positive medial and lateral joint space tenderness. Gait was mildly antalgic. There was no edema, erythema, or bony deformity. Utilization review from August 30, 2013 denied the request for TENS unit because the current records did not give a clear rationale for the necessity for a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXT DME- TENS UNIT: 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 9792.24.2 Page(s): 114-116.

Decision rationale: According to pages 114-116 of the Chronic Pain Medical Treatment Guidelines, TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. Criteria for the use of TENS unit include chronic intractable pain, evidence that other appropriate pain modalities have been tried and failed, and a treatment plan including the specific short-term and long-term goals of treatment with the TENS unit. In this case, there was no discussion regarding failure of other pain management options. Furthermore, there was no discussion regarding treatment goals for the use of a TENS unit. There is also no specific duration or request for a trial. The criteria have not been met; therefore the request for EXT DME- TENS unit is not medically necessary.