

Case Number:	CM13-0025502		
Date Assigned:	11/20/2013	Date of Injury:	04/11/2010
Decision Date:	01/19/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/18/2013

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 and is licensed to practice in Illinois. 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 patient is a 64-year-old female who reported an injury on 04/11/2010 after falling and landing on her left knee and outstretched left wrist and hand striking the ground. She was initially treated with medications and physical therapy. The patient underwent an MRI of the left knee that revealed a low grade chondral lesion and grade III and VI chondromalacia of the patella. There were no recent clinical exam findings or evidence of interim treatment to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

fifty (50) repositionable electrodes: 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 TENS Unit Section Page(s): 114..

Decision rationale: The requested 50 repositionable electrodes are not medically necessary or appropriate. There was no clinical documentation to support recent exam findings for the use of a TENS unit. Therefore, replacement supplies would not be indicated. As such, the requested 50 repositionable electrodes are not medically necessary or appropriate.

twelve (12) 9V batteries: 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 TENS Unit Section Page(s): 114..

Decision rationale: The requested twelve 9-volt batteries are not medically necessary or appropriate. There was no clinical documentation to support recent exam findings for the use of a TENS unit. Therefore, replacement supplies would not be indicated. As such, the requested twelve 9-volt batteries are not medically necessary or appropriate.

two (2) bifurcated wires: 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 TENS Unit Section Page(s): 114..

Decision rationale: The requested 2 bifurcated wires are not medically necessary or appropriate. There was no clinical documentation to support recent exam findings for the use of a TENS unit. Therefore, replacement supplies would not be indicated. As such, the requested 2 bifurcated wires are not medically necessary or appropriate.