

Case Number:	CM13-0030909		
Date Assigned:	11/27/2013	Date of Injury:	07/03/2010
Decision Date:	07/31/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	10/02/2013

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 Emergency 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:

This patient has a reported date of injury of 7/3/2010. The mechanism of injury is described as a slip and fall. The patient has a diagnosis of bilateral knee pain post surgical repair, chronic lumbar sprain/strain, sciatica, right foot strain, and anxiety. The patient had reported knee surgeries to include an arthroscopic partial meniscectomy and removal of loose bodies and chondroplasty of the right knee on 5/31/11. The patient had a left knee arthroscopic chondroplasty, partial meniscectomy and loose body removal on 4/23/13. Medical reports from the primary treating physician and consultants were reviewed. Most of the provided reports are hand written and are difficult to decipher due to poor legibility. The patient has complaints of bilateral knee pain with tingling to feet, and low back pain and aching. Pain is rated at 5-8/10 and it worsens with use of the affected limbs. The patient has documented decreased activity and sleep. Exam reveals tenderness to the lumbar spine. There is slight tenderness in the thoracic area with spasms. Tenderness is noted along the lumbar extending to the sacrum. Range of motion of the hips and knees are mildly decreased with some pain. Sensation is grossly decreased on the right side. Relevant imaging reports were reviewed. There was no complete medication list provided.

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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines <TENS, chronic pain(Transcutaneous electrical nerve stimulation) Page(s): 114-117.

Decision rationale: The current request for a TENS Unit has no limb location or any information as to where it is supposed to be used. It is assumed that the TENS is being prescribed for low back pain/chronic pain. As per the MTUS Chronic Pain Guidelines, TENS (Transcutaneous Electrical Nerve Stimulation) may be recommended only if it meets certain criteria. The patient does not meet criteria to recommend a TENS unit. Within the medical records provided for review, there is no proper documentation of prior conservative treatment modalities for his pain. There are no documented short and long term goals for the TENS. The patient also has not had a successful 1 month trial of a TENS unit. It is also documented that the request for the TENS was requested by the patient for unknown reasons. The patient also does not meet TENS criteria for post-operative pain since it is recommended only for the first 30 days post-operatively. As such, the request is not medically necessary and appropriate.