

Case Number:	CM13-0031805		
Date Assigned:	12/04/2013	Date of Injury:	07/08/2001
Decision Date:	01/15/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/04/2013

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 <MPR BRD CERT>, has a subspecialty in <MPR SUBSPEC CERT> and is licensed to practice in <MPR ST LICENSE>. 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 61yo female who reported an injury on 07/08/2001. She is reported to complain of ongoing low back pain and chronic pain in the back and right knee. The patient is reported to have swelling and crepitus of the right knee on physical exam with reduced range of motion. She is noted on 05/07/2012 to have been referred for a schedule for a right knee replacement. On 09/11/2013, the patient was seen by [REDACTED] who reported that the patient was seen for a followup and for a refill of her medications. She reported chronic pain in her low back from her bad right knee. She was reported to have been scheduled for a right knee replacement; however, that was deferred until she got into a permanent residence. The patient is reported to complain of chronic pain in the back and right knee, to have medical history of hypertension and to be obese. On physical exam, she is noted to have swelling and tenderness of the right knee with reduced range of motion. She is reported to be still not ready for a total knee replacement. The patient is reported to have requested a lumbar support because her previous support is worn out. She was also reported to be requesting a new TENS unit as her previous TENS unit had been stolen when she was living in a homeless shelter.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a transcutaneous electrical nerve stimulator (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. Decision based on Non-MTUS Citation (ODG), criteria for the use of TENS, page 116.

Decision rationale: The patient is a 61-year-old female who reported an injury to her right knee on 07/08/2001. She is noted to have developed low back pain because of her chronic knee problems. She is noted to have been considered for a total knee replacement due to chronic knee pain; however, it was placed on hold until the patient could get into a permanent residence. She is noted on physical exam to have swelling and tenderness and reduced range of motion of the knee. She is reported to have previously had a TENS unit which was stolen when she was living in a homeless shelter. A request was made for a TENS unit for use of treatment of chronic pain. The California MTUS Guidelines recommend the use of a TENS unit for treatment of chronic intractable pain when there is evidence that other appropriate pain modalities have been tried including medications and failed and there is documentation that the patient had good outcome in the term of pain relief and function. As there is no indication of documentation of previous pain relief and improvement in function with a previous TENS unit and there is no indication that her other pain modalities have been tried and failed including medications, the request for a TENS unit does not meet guideline recommendations. Based on the above, the requested purchase of a transcutaneous electrical nerve stimulator (TENS) unit is non-certified.