

Case Number:	CM13-0032868		
Date Assigned:	12/06/2013	Date of Injury:	05/08/2007
Decision Date:	01/27/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/08/2013

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 & Rehabilitation, and is licensed to practice in Ohio and Texas. 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 45 year old male who reported an injury on 05/08/2007. The mechanism of injury was a nail gun. The most recent clinical note dated 11/04/2013 reported there are two small pieces of metal that remain in the medial aspect of the patient's left knee. One of the pieces of metal seemed to be embedded in the patella and may be the cause of the patient's problems. The patient is able to do his job, but does complain of continued pain to the knee. There had been episodes of swelling, and buckling of his left knee. The patient had full flexion and full extension, but does have some minimal crepitus with flexion and extension of the knee. Epidural steroid injections were recommended and continuation of anti-inflammatory medication as needed. It was also suggested that once the patient received the epidural steroid injections if he remained symptomatic, surgery would be the next course of action to remove the foreign body and/or chondroplasty of the patella.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 116.

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

Decision rationale: The California MTUS states that transcutaneous electrical nerve stimulation (TENS) are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. There is no documentation in the medical provided of the patient having participated in a one month trial period of TENS use. There is also not a treatment plan including specific short term and long term goals with the TENS, as suggested by California MTUS guidelines, provided in the medical record. As such, the request for TENS unit purchase is non-certified.