MAXIMUS Federal Services

Case Number:	CM13-0040240		
Date Assigned:	12/20/2013	Date of Injury:	05/13/2010
Decision Date:	02/21/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/29/2013

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 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 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 53-year-old female who reported an injury on 05/13/2010. The mechanism of injury was not provided in the medical records. The patient was noted to have undergone a right total knee arthroplasty revision on 06/04/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four month rental of a TENS unit for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

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

Decision rationale: It was noted that the patient had used a TENS unit at her physical therapy visits and it had given her excellent relief. The patient had undergone previous postoperative physical therapy and further visits were being requested as well. A request was made for a TENS unit to be provided at the patient's home for a period of 4 months. According to the California MTUS Guidelines, a TENS unit is not recommended as a primary treatment modality, but a 1 month home based TENS unit trial may be considered if used as an adjunct to a program of evidence based functional restoration. The indications for which a TENS unit is

recommended are neuropathic pain, phantom limb pain, CRPS 2, spasticity, and multiple sclerosis. The clinical information submitted for review fails to show clinical findings or diagnoses consistent with these diagnoses. Therefore, the request for a TENS unit is not supported. Additionally, a 4 month home based trial exceeds the guidelines recommendation of a 1 month home based trial for the listed conditions in adjunct to a physical therapy program. For these reasons, the request is non-certified.