

Case Number:	CM13-0041543		
Date Assigned:	03/24/2014	Date of Injury:	10/24/2004
Decision Date:	05/07/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/11/2013

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 Occupational 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:

The patient is a 37 year old male who was injured on 10/24/2004 while he was lifting a pallet off an electrical forklift injuring his low back. Prior treatment history has included the patient undergoing low back fusion surgery on 12/12/2009, 2nd back surgery in October of 2011, and right knee surgery on 01/10/2012. The patient received Euflexxa injections to the right knee as well as physical therapy. Medications include: Gabapentin, Prilosec, Atorvastatin, Anaprox, Soma, Lisinopril, Metoprolol, Amlodipine, Alprezolam, Norco, and Gemfibrozil. Diagnostic studies were not submitted for review. Progress note dated 09/30/2013 documented the patient to be somewhat improved since the last visit, which included activity modification/rest and Orthovisc injections. The symptoms were sudden in onset and gradual in resolution. The pain is described as intermittent and dull pain. The patient has difficulty rising from a seated position. Objective findings on exam included evidence in the right knee of Genu Varum and trace effusion. There was full range of motion in the lower extremities with crepitus and stability. There was no instability to anterior, posterior, varus or valgus stress. Sensation is intact and symmetrical in all dermatomes. Muscle strength is 5/5 for all groups tested. Assessment includes primary osteoarthritis of lower leg, post status right knee arthroscopy. Treatment plan included Orthovisc injection right knee #3.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE MONTH HOME BASED TRIAL OF NEUROSTIMULATOR TENS/EMS UNIT WITH TWO MONTH SUPPLIES (ELECTRODES, BATTERIES & LEAD WIRES) FOR TENS/EMS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Nerve Stimulation (TENS)..

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TENS.

Decision rationale: The Official Disability Guidelines (ODG) recommends a trial of a TENS unit (rental) for 30 days. After the trial an active HEP and reduction in pain medications is necessary to demonstrate a successful trial. The patient records indicate he had successful trial of TENS with a reduction in pain meds and is compliant with an active HEP. The TENS trial was over 1 year ago and therefore a repeat trial is reasonable. The request for month home based trial of neurostimulator TENS/EMS unit with two month supplies (electrodes, batteries & lead wires) are , medically necessary and appropriate.