

Case Number:	CM13-0055114		
Date Assigned:	12/30/2013	Date of Injury:	07/13/1995
Decision Date:	05/12/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/20/2013

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Florida. 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 was injured on July 13, 1995. The diagnoses listed are bilateral knee osteoarthritis, bilateral SI joints dysfunction and low back pain. The past surgical history is significant for bilateral knee arthroscopies, lumbar fusion and SI joint injections. The October 21, 2013 clinic note by [REDACTED] listed current medications as Restoril and Benadryl for sleep and Oxycodone that is being weaned for pain. The patient completed Home exercise program in 2012. There is no documentation that the patient is currently participating in an active physical therapy program. A Utilization Review decision was rendered on November 8, 2013 recommending non certification of TENS /EMS (transcutaneous electrical nerve stimulation/electromuscular stimulation).

IMR ISSUES, DECISIONS AND RATIONALES

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

A TENS/EMS (TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION/ELECTROMUSCULAR STIMULATION) 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 Page(s): 111-116.

Decision rationale: The Chronic Pain Medical Treatment Guidelines addressed the use of TENS / EMS in the treatment of chronic pain. An initial one month trial of TENS /EMS as part of a supervised physical therapy functional restoration program is recommended. The documentation should include details of the treatment modalities and outcome measures for beneficial effects. The potential beneficial effects of the use of TENS/EMS are reduction in medications use and increase in tolerance to more aggressive physical therapy. The records indicate that the patient is already on an opioid weaning schedule. The request for a TENS/EMS unit is not medically necessary or appropriate.