

Case Number:	CM13-0057786		
Date Assigned:	12/30/2013	Date of Injury:	02/08/2013
Decision Date:	05/06/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/26/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in 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 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 injured worker is a 37-year-old male who reported an injury on February 08, 2013 after an assault by customers. The injured worker reportedly sustained an injury to include a tibial fracture and an injury to the left knee. The injured worker's treatment history included external fixation to the femur/tibia followed by removal of hardware and open reduction and internal fixation. The injured worker was treated postsurgically with immobilization and medications. The injured worker was evaluated on October 15, 2013. Physical findings included ambulation with a right-sided limp, mild swelling over the left knee surgical scar and tenderness to palpation over the medial facet and anterior pole of the patella. The injured worker's range of motion was described as -5 degrees in extension and 130 degrees in flexion. The injured worker's diagnoses included status post comminuted tibial/fibial fracture of the left leg and status post open reduction internal fixation of the comminuted tibial/fibial fracture. The injured worker's treatment plan included modified work duties, aquatic therapy, medications and an orthopedic followup referral. A request was made for a TENS/EMS neurostimulator and supplies.

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 AND SUPPLIES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit and Neuromuscular Electrical Stimulation Page(s): 114-121.

Decision rationale: The requested equipment is a combination unit. The California MTUS Guidelines do not recommend the use of a neurostimulator electrical stimulation unit. This treatment modality is primarily used in rehabilitation following a stroke, and there is no evidence to support its use in the management of chronic pain. Additionally, the California MTUS guidelines recommend a TENS unit as an adjunct treatment to injured workers who have failed other types of conservative measures. The clinical documentation submitted for review does not provide any evidence that the injured worker has participated in any type of active therapy since the injury. Therefore, a TENS unit would not be supported. As such, the requested one (1) month home-based trial of a neurostimulator TENS/EMS and supplies is not medically necessary or appropriate.