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| Case Number: | CM13-0058185 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 08/16/2004 |
| Decision Date: | 04/04/2014 | UR Denial Date: | 11/20/2013 |
| Priority: | Standard | Application Received: | 11/26/2013 |

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 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 63-year-old female who reported injury on 08/16/2004. The mechanism of injury was noted to be the patient was carrying some empty boxes down the hallway, became distracted, and struck the right side of her body against a railway, causing her to lose her balance, fall backwards, and strike her left buttocks with some degree of force. The patient's diagnosis was noted to be osteoarthritis, localized primary. The patient was noted to be last evaluated on 09/18/2006. Date of examination was 11/04/2013. The patient was noted to undergo Orthovisc injections previously. The patient had an arthroscopy with resection of the torn medial meniscus of the right knee on 07/13/2005. The patient had an arthroscopy with medial and lateral meniscectomy on 12/16/2004. The request was made, per the submitted documentation, the Application for Independent Medical Review, for electrical joint stimulation device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrical joint stimulation device system: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS
Page(s): 115-116.

Decision rationale: The California MTUS Guidelines recommend a one month trial of a TENS unit as an adjunct to a program of evidence based functional restoration for chronic neuropathic pain. Prior to the trial, there must be documentation of at least 3 months of pain and evidence that other appropriate pain modalities have been trialed, including medications, and have failed. Submitted code was for a transcutaneous electrical joint stimulation device, which would be a TENS unit. The clinical documentation submitted for review failed to indicate the patient had trialed and failed other appropriate pain modalities, including medication and that the patient would be using the unit as an adjunct therapy. It was indicated the patient had not been seen in greater than 7 years. Additionally, there was a lack of documentation indicating the duration of care and whether the unit was for rental or purchase. Given the above, the request for electrical joint stimulation device system is not medically necessary.