

Case Number:	CM13-0058655		
Date Assigned:	12/30/2013	Date of Injury:	10/19/2012
Decision Date:	09/12/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/27/2013

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 Licensed in Chiropractics 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 employee sustained a work-related injury on 10/19/2012. The medical records indicated previous treatments of chiropractic, home exercises, physical therapy, medications and EMS/TENS unit. LINT is not discussed specifically in CA MTUS guidelines; however, Neuromuscular electrical stimulation devices are not recommended for chronic pain. Therefore, the request for 6 neurostimulation therapy for the left knee is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEUROSTIMULATION THERAPY X6 LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS - TRANSCUTANEOUS ELECTROTHERAPY.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NMES Page(s): 121.

Decision rationale: The employee sustained a work-related injury on 10/19/2012. The medical records indicated previous treatments of chiropractic, home exercises, physical therapy, medications and EMS/TENS unit. LINT is not discussed specifically in CA MTUS guidelines; however, Neuromuscular electrical stimulation devices are not recommended for chronic pain. Therefore, the request for 6 neurostimulation therapy for the left knee is not medically necessary.

