

Case Number:	CM13-0066409		
Date Assigned:	01/03/2014	Date of Injury:	06/06/2011
Decision Date:	05/19/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/16/2013

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 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 injured worker is a 50-year-old male who reported an injury on 06/06/2011. The mechanism of injury was not provided. Current diagnoses include pain in a joint of the pelvic region and thigh, and osteoarthritis of the lower extremity. The injured worker was evaluated on 11/21/2013. The injured worker reported persistent right knee pain with swelling and limited range of motion. Physical examination revealed decreased range of motion of the right knee with stiffness and swelling, as well as a limping gait. X-rays obtained in the office on that date indicated no loosening of the components of the total knee arthroplasty. Treatment recommendations included aquatic therapy, an electrical stimulation device for 1 year rental or purchase, and continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

A TENS UNIT BIOSTIM M7 DIGITAL (6 MONTHS RE-RENTAL): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

Decision rationale: California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month home-based trial may be considered as a noninvasive conservative option. As per the documentation submitted, there is no evidence of a successful 1-month trial with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function prior to the request for a purchase. There was also no evidence that other appropriate pain modalities have been tried and failed. There is no documentation of a treatment plan, including the specific short and long-term goals of treatment with the TENS unit. Based on the aforementioned points, the request is non-certified.