

Case Number:	CM13-0071676		
Date Assigned:	01/08/2014	Date of Injury:	12/30/2003
Decision Date:	05/30/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/30/2013

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, has a subspecialty in Sports Medicine 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 49 year old male who reported a bilateral knee injury on 12/30/2003; the mechanism of injury was not found in the submitted paperwork. Within the clinical note dated 11/18/2013 the injured worker reported bilateral knee pain and ambulates via electric wheelchair. During the physical exam the injured worker was not evaluated for any functional deficits and no other therapies were being utilized at that time. Within the clinical note dated 10/11/2013 the injured worker had completed the SCL-90-R and was interpreted as the injured worker had too many psychological issues and would interfere with physical treatment. The request for authorization was found in the submitted documentation and was dated 11/27/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF A TENS UNIT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tens, Chronic Pain, Transcutaneous Electrotherapy Page(s): 114-115.

Decision rationale: The CA MTUS guidelines do not recommended TENS as a primary treatment modality. Within the submitted paperwork there is a lack of documentation of the

injured worker's therapy history and is unknown if there has been an attempt at a previous utilization of a TENS unit. In addition, the injured worker was reported as a poor candidate for physical treatment due to the psychological component interfering. Thus, the request is not medically necessary.