

Case Number:	CM14-0005548		
Date Assigned:	01/24/2014	Date of Injury:	09/11/2013
Decision Date:	06/26/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/13/2014

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 Occupational Medicine 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 patient is a 57-year-old male who has submitted a claim for right knee medial meniscus tear associated with an industrial injury date of September 11, 2013. The medical records from 2013 were reviewed. The patient complained of intermittent right knee pain aggravated by using the stairs. The physical examination showed tenderness on the medial and lateral joint line of the right knee. The treatment to date has included non-steroidal anti-inflammatory drugs (NSAIDs), opioids, muscle relaxants, home exercise programs, and physical therapy. The utilization review from December 18, 2013 denied the request for TENS unit and one (1) year supplies, because its usage is not supported in the postoperative setting for the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: The Chronic Pain Guidelines indicate that the criteria for the use of TENS includes: chronic intractable pain, documentation of pain of at least three (3) months duration,

and evidence that other appropriate pain modalities have been tried and failed. A one-month trial period of the TENS unit should be documented with information on how often the unit was used, as well as outcomes in terms of pain relief and function. In this case, there was no documentation of prior TENS unit use in the medical records submitted. The patient complained of chronic right knee pain. There were notes of persistence of symptoms despite pain medication intake and physical therapy sessions. However, the present request failed to indicate whether the TENS unit is for trial, if the device is for rental or purchase, and the planned duration of use. Therefore, the request for TENS unit is not medically necessary.

DME: ELECTRODES (FOUR PER PACK) AND BATTERIES TIMES TEN (10): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary request is not medically necessary, none of the associated services are medically necessary..