

Case Number:	CM14-0100645		
Date Assigned:	09/16/2014	Date of Injury:	01/16/2013
Decision Date:	11/05/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/30/2014

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 Orthopedic Surgery, has a subspecialty in Hand Surgery and is licensed to practice in Texas and Georgia. 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 an injury on 01/16/2013. The mechanism of injury involved a fall. The current diagnoses include left knee sprain/strain and status post arthroscopy of the right knee. The latest physician's progress report submitted for this review is documented on 05/01/2014. The injured worker presented with complaints of persistent pain and weakness in the bilateral lower extremities. Physical examination on that date revealed anxiousness, difficulty rising from a seated position, and an antalgic gait. Treatment recommendation at that time included continuation of the current medication regimen, a referral to a psychiatrist, physical therapy 3 times per week for 4 weeks, and acupuncture. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One month home-based trial of Neurostimulator TENS-EMS, bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

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. There should be documentation of a failure to respond to other appropriate pain modalities. A 1 month trial period of the transcutaneous electrical nerve stimulation (TENS) unit should be documented. As per the documentation submitted, there is no evidence of a failure to respond to functional limitation treatment. There is also no documentation of a significant functional limitation upon physical examination. The medical necessity for the requested durable medical equipment has not been established. As such, the request is not medically appropriate.