

Case Number:	CM14-0105536		
Date Assigned:	07/30/2014	Date of Injury:	07/23/2013
Decision Date:	09/18/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/08/2014

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:

There were 30 pages for review. The application for the independent medical review was signed on June 19, 2014. The service that was denied or modified was the one-month trial of a TENS EMS with supplies. Per the records provided, the claimant was injured on July 23, 2013. The claimant is a 53-year-old female who was walking in the deli area and a drain cover had been left open. She caught her right foot on the drain. This caused her to fall to the ground, striking her left knee. There was no current examination with the request however. The request was for the DME rental of a one-month home-based trial of a neural stimulator TENS/EMS. The initial reviewer felt there was no indication of neuropathic pain and insufficient documentation of rationale for the rental of the device. Therefore it was not certified. There was a visit from [REDACTED] from January 6, 2014. She is being seen for the left knee. The impression is left knee pain with chondromalacia of the medial compartment and also a right forefoot sprain and left ankle sprain. She had tried more than three months of nonsteroidal anti-inflammatory medicine. He does not recommend cortisone injections because they destroy chondrocytes. They will try Orthovisc injections. She was prescribed ibuprofen 800 mg three times a day. A note from April 21 mentioned that she accepted the recommendation for steroid injection. The Orthovisc injections were denied. There was a May 19, 2014 primary treating physician initial evaluation. She is a deli clerk for Walmart. She stepped over a sewer drain that was left uncovered and stepped into it and fell down into the drain hole, striking her left knee on the surface. The diagnoses were left knee sprain-strain and rule out derangement, left hip sprain-strain, left ankle sprain-strain, and right foot pain. He recommended at this point the TENS unit for home use amongst several other recommendations for pain management. This was a chiropractic recommendation.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME rental of a one (1) month home-based trial of Neurostimulator TENS-EMS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (Transcutaneous Electrical Nerve Stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 116.

Decision rationale: The MTUS notes that TENS is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below.-Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005)-Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985)-Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005) -Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. (Miller, 2007)I did not find in these records that the claimant had these conditions. Nor was there evidence the use would be an adjunct to an evidence-based functional restoration program. The request was appropriately not medically necessary and appropriate based on the MTUS criteria.