

Case Number:	CM14-0107706		
Date Assigned:	08/01/2014	Date of Injury:	04/09/2009
Decision Date:	09/23/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/11/2014

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:

This patient is a 62 y/o female who had developed chronic bilateral knee pain and a chronic pain syndrome secondary to a fall on 4/9/09. She has been treated with surgery on both knees and continues to have residual pain. VAS scores are not reported in the narratives reviewed. She is also treated for chronic low back pain as a separate issue none related to this date of injury. She has been returned to full duties and utilizes NSAID's for pain relief. There is no documented 30 day trial of a rental TENS.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2010 Revision, Web Edition page 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 116.

Decision rationale: Prior to the purchase and possible long term use of a TENS unit, MTUS Guidelines specifically state there should be a defined 30 day trial with a rental unit recommended during the 30 day trial. If there are well documented benefits with the trial, the purchase and longer term use of a TENS unit is Guideline supported. The requesting physician

has not documented the successful 30 day trial of a rental unit prior to the request for a unit purchase. There are no unusual circumstances to justify an exception to Guidelines. The TENS purchase is not medically necessary.

1 outpatient visit for TENS evaluation and instructions after receiving TENS unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2010 Revision, Web Edition page 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 116.

Decision rationale: The purchase of a TENS unit is not medically necessary which automatically makes the outpatient visit for evaluation and instruction non-medically necessary.