MAXIMUS Federal Services

Case Number:	CM14-0014521		
Date Assigned:	02/28/2014	Date of Injury:	06/15/2012
Decision Date:	06/27/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/05/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 53-year-old female who reported an injury on 06/15/2012 secondary to a fall. The injured worker was evaluated on 11/07/2013 for reports of bilateral knee pain and loss of range of motion. The exam noted mild pain with range of motion to the knee. The diagnoses included internal derangement of bilateral knees, effusion, and sprain and strain of bilateral knees. The treatment plan included medication therapy and a urine toxicity screen. Request for Authorization and rationale for the request were not found in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOLACE MULTI-STIM UNIT, RENTAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 146.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-121.

Decision rationale: The California MTUS Guidelines do not recommend transcutaneous electrotherapy as a primary treatment modality, but as a 1 month home-based TENS trial may be considered as a noninvasive conservative option. The guidelines further state that the therapy

should be used as an adjunct to a program of evidence-based functional restoration. The guidelines further do not recommend an interferential stimulator unit as an isolated intervention. Furthermore, the guidelines do not recommend neuromuscular electrical stimulation for the use of chronic pain. NMES is used primarily as part of a rehabilitation program following a stroke. There is a significant lack of documentation of the injured worker's pain level and response to conservative treatments. There is also no evidence of a history of stroke. Therefore, based on the documentation provided, the request is not medically necessary.

PURCHASE OF SUPPLIES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 146.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy , Page(s): 114-121.

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