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| Case Number: | CM14-0137081 | | |
| Date Assigned: | 09/05/2014 | Date of Injury: | 10/17/1995 |
| Decision Date: | 10/09/2014 | UR Denial Date: | 08/20/2014 |
| Priority: | Standard | Application Received: | 08/25/2014 |

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 and is licensed to practice in Illinois. 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 67 year old female who reported an injury on 10/17/1995. The mechanism of injury was not specified. The diagnoses included knee osteoarthritis, lumbosacral spondylosis without myelopathy and lumbar sprain/strain. Past treatments included medications and a TENS unit. Her diagnostic tests included an x-ray of the spine with no date given. There was no surgical history provided. On 08/12/2014 the injured worker complained of continued pain with restricted daily activity with functional limitations. Her pain level for the left knee was 7/10 and the right knee was 6/10. The physical exam findings included no tenderness, sensation to light touch, normal strength and stability, full and painless motion, normal Waddell and Babinski tests and normal knee and ankle reflexes. Medications included Prilosec 20mg, Orphenadrine Citrate CR 100mg, Tramadol HCL 50mg and Norflex 100mg. The treatment plan required ongoing treatment, a follow-up in 3 months and continuation of a home exercise program. The rationale for the request was not provided. The request for authorization form was provided on 08/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMPI TENS Unit Supplies (lifetime purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) P.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Criteria for the use of TENS Page(s): 114, 116.

Decision rationale: The request for EMPI TENS unit supplies for a lifetime purchase is not medically necessary. The injured worker has a history of knee osteoarthritis, lumbosacral spondylosis without myelopathy and lumbar sprain/strain. The California MTUS guidelines state TENS is an electrotherapy that represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. The following are criteria for the use of the TENS unit: documentation of pain of at least three months duration and evidence that other appropriate pain modalities have been tried (including medication) and failed. A one-month trial period of the TENS unit should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. The injured worker complained of continued pain with restricted daily activity with functional limitations; her pain level for the left knee was 7/10 and the right knee was 6/10, however the need for a lifetime purchase of TENS unit supplies cannot be established as there is a lack of clear evidence of functional improvement and significant pain relief with the use of the current unit. Additionally, there is a lack of evidence of a one month trial of a TENS unit with pertinent findings of outcomes of pain, function and a treatment plan with specific long-term and short-term goals. Furthermore, clarification is needed regarding the site of treatment. Therefore, the request is not supported. As such, the request for EMPI TENS unit supplies for a lifetime purchase is not medically necessary.