

Case Number:	CM14-0138128		
Date Assigned:	09/05/2014	Date of Injury:	08/20/2012
Decision Date:	11/05/2014	UR Denial Date:	08/04/2014
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 Anesthesiologist, Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 44 year old female patient who reported an injury on 08/20/2012. The mechanism of injury was a fall. This injured worker was diagnosed with internal derangement of knee and knee sprain/strain left knee. There was no documentation regarding past therapies for this injured worker. The injured worker stated a pain level for the left knee as a 7/10 with severe pain radiating to the left leg. It was documented on 06/02/2014 that this injured worker had decreased range of motion of the left knee but it was not quantified. Also reported was tenderness on palpation over the medial and lateral joint line. There was no documentation for medications for this injured worker. The stated treatment plan as of 06/04/2014 for this injured worker included myofascial release, electrical stimulation, and ultrasound but the rationale is not indicated. A Request for Authorization was not included.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMS/TENS unit rental for 90 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain, . Page(s): page(s) 114.

Decision rationale: According to the California MTUS guidelines the TENS unit 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. In addition, the California MTUS guidelines also states that there should be evidence that other appropriate pain modalities have been tried and failed prior to the consideration of a TENS unit and the documentation submitted should include a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. It was documented that this injured worker's pain was a 7/10 yet no treatments were documented in being attempted. In addition, there was no documentation that the patient was attending of adjunct therapy. Furthermore, there was no treatment plan included in the submitted clinical that included the specific short- and long-term goals. Moreover, the request exceeds the recommended one month trial period. In view of the lack of documentation the guidelines are not supported, therefore, the request for EMS/TENS unit rental for 90 days is not medically necessary.