

Case Number:	CM14-0158832		
Date Assigned:	10/02/2014	Date of Injury:	07/22/2009
Decision Date:	11/03/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/29/2014

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 Louisiana. 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 patient is a 55 year old male who was injured on 07/22/2009 when he struck by a truck sustaining an injury to his right shoulder. Prior medication history included tramadol 50 mg and ibuprofen 800 mg. The patient underwent right knee arthroscopy on 01/23/2014. Progress report dated 05/14/2014 documented the patient to have complaints of right knee discomfort. Objective findings on exam revealed tenderness to palpation of the lumbar spine over the paraspinal muscles. He reported his right knee pain has resolved but still has slight anterior pain in the morning. The right knee ranges of motion are decreased with flexion at 135 and extension at 0. The patient was diagnosed with lateral right knee meniscal tear. He was recommended to continue TENS unit for his right knee, tramadol, Prilosec, Naproxen, and Mentherm ointment. Prior utilization review dated 09/11/2014 states the request for 1 Purchase for TENS (transcutaneous electrical nerve stimulation) unit; 10 electrode pads; and 10 replacement batteries is denied as there is no documented evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Purchase for TENS (transcutaneous electrical nerve stimulation) unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg, Transcutaneous electrical nerve stimulation (TENS)

Decision rationale: According to the Official Disability Guidelines, TENS Unit is recommended as an option for patients in a therapeutic exercise program for osteoarthritis as a treatment for pain over a month trial period. There is no conclusive evidence that TENS reduces knee pain or physical disability from osteoarthritis. The supporting documentation indicated recent arthroscopic right knee surgery however, there was no findings of an osteoarthritic condition to support the necessity of a TENS unit. Therefore, this request is not medically necessary.

10 electrode pads: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg, Transcutaneous electrical nerve stimulation (TENS)

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

10 replacement batteries: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg, Transcutaneous electrical nerve stimulation (TENS)

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