

Case Number:	CM14-0159180		
Date Assigned:	10/02/2014	Date of Injury:	01/22/2013
Decision Date:	10/29/2014	UR Denial Date:	09/23/2014
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 & Rehabilitation 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 case involves a 62 year old male who sustained a work injury on 1-22-13. Office visit dated 9/4/2014 notes the injured worker has bilateral knee pain that is aggravated with activities however, medications help improve his pain. The injured worker rates his pain as 9/10 with medications. The injured worker is status post right knee surgery x 2 performed in May 2013 and Mach 2014. On exam, the injured worker has significant antalgic gait. He uses a crutch for ambulation. On the right knee he has positive tenderness to palpation with significant decrease range of motion and there is mild swelling noted. Apley's test is positive on there right and on the left he has painful range of motion of the left knee. He also has joint tenderness. The request is for TENS unit purchase and supplies with date of services of 08/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit purchase and supplies. DOS 08/10/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter - TENS

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as Official Disability Guidelines (ODG) notes that a 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. This modality is recommended for conditions such as spasticity, multiple sclerosis, neuropathic pain, and phantom limb pain. There is an absence in documentation noting that this injured worker has had a trial with daily pain diaries noting functional and documented improvement. There is an absence in documentation she has any of these conditions for which a one month trial would be considered. Therefore, this request is not medically necessary.