MAXIMUS Federal Services

Case Number:	CM14-0169178		
Date Assigned:	10/17/2014	Date of Injury:	02/22/2002
Decision Date:	11/19/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/14/2014

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 Orthopedic Surgeon, has a subspecialty in Orthopedic Sports Medicine and is licensed to practice in Texas, Ohio, Pennsylvania and Michigan. 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 59-year-old male with a reported February 22, 2002 work-injury while performing the usual and customary duties of his occupation. The diagnosis indicated is osteoarthrosis unspecified whether generalized or localized involving other specified sites (715.98). The most recent September 8, 2014 primary treating physician's progress note indicates the injured worker's analgesia is stable and satisfactory. Reportedly there is some benefit for approximately one week following a right knee injection on August 05, 2014. Pain scale reported was 7/10 on visual analogue scale (VAS). The lower back pain is unchanged. He is able to sit 45 minutes, stand for various periods of time and walk for 20-30 minutes. He also reports his sleep is being disturbed multiple times per night secondary to pain. He is independent in activities of daily living, with no assistance devices for ambulation, and does drive. At this office visit, the injured worker states his pain is rated at seven out of ten at times higher than seven out of ten. Physical examination findings of August 05, 2014 include: tenderness to palpation and paraspinous muscle spasms. At this visit, the injured worker's medications include MS Contin 30mg three times daily and Norco 10/325mg four times per day. The primary treating physician's progress note dated August 5, 2014 indicates the injured worker has taken tylenol, aspirin and ibuprofen, all of which are no longer providing therapeutic analgesic benefit. He is started on a trial of over the-counter Naprosyn 220mg every twelve hours. The primary treating physician's July 08, 2014 progress note, documents the injured worker reported his TENS unit was broken and a new unit was requested. There is no specific indication of efficacy or how long the injured worker has used a TENS unit provided in the clinical data. The prior October 02, 2014 utilization review denied a request for purchase of one TENS (transcutaneous electrical nerve stimulation) unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 purchase of TENS (transcutaneous electrical nerve stimulation) Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic Pain (transcutaneous electrical nerve stimulation) Page(s): 114.

Decision rationale: The requested purchase of one TENS (Transcutaneous electrical nerve stimulator) unit is not authorized because the therapeutic benefit and duration of use of the prior TENS unit is unknown. Therefore this request is not medically necessary as it is not within the CA-MTUS Chronic Pain Guidelines. Additionally TENS units are not medically indicated for osteoarthrosis non-neuropathic pain management.