

Case Number:	CM14-0171216		
Date Assigned:	10/23/2014	Date of Injury:	05/18/1998
Decision Date:	11/25/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/16/2014

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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee, who has filed a claim for chronic knee pain reportedly associated with an industrial injury of May 18, 1998. Thus far, the applicant has been treated with following: Analgesic medications; viscosupplementation injections; a reported diagnosis of bilateral knee arthritis; a cane; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated September 17, 2014, the claims administrator denied a request for a TENS unit purchase and associated electrodes. The applicant's attorney subsequently appealed. In a June 3, 2014 progress note, the applicant reported ongoing complaints of bilateral knee pain at age 83. The applicant had comorbid rheumatoid arthritis and was also using methotrexate, it was noted. The applicant's medications list included Synthroid, Methotrexate, Metoprolol, Coumadin, folate, progesterone and estrogen. The applicant was using a cane to move about. Authorization for visco-supplementation injections was sought. On September 9, 2014, authorization for viscosupplementation injection was again sought. The TENS unit was apparently sought via a referral form dated September 11, 2014, per the claims administrator.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit purchase: Upheld

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

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

Decision rationale: As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of a TENS unit beyond a one-month trial and/or provision of associated supplies should be predicated on evidence of a favorable outcome during the said one-month trial, in terms of both pain relief and function. In this case, however, it appears that the attending provider seemingly sought authorization for a purchase of the TENS unit without previously completing a successful one-month trial of the same. The request, thus as written, does not conform to MTUS parameters. Therefore, the request is not medically necessary.

Electrodes purchase Qty: 3: Upheld

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

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

Decision rationale: The electrodes represent a derivative or companion request, one which accompanies the primary request for a TENS unit purchase. Since that request was deemed not medically necessary, the associated electrodes are also not medically necessary.