

Case Number:	CM14-0182344		
Date Assigned:	11/10/2014	Date of Injury:	09/30/2013
Decision Date:	12/26/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/03/2014

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 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 injured worker presents with date of injury of 9/3/03. He is being treated for left knee pain which is rated 5/10. Physical exam indicates evidence of tender points at the left medial anterior knee joint. Left knee range of motion is full with guarding. He was provided with exercise education for a home exercise program and prescriptions for Tramadol. Records indicate that the patient derives benefits from a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Electrodes 2 times 2 (purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous electrical nerve stimulation Page(s): 114-116.

Decision rationale: Chronic left knee pain status post knee surgery. Indicated treatment diagnosis is knee sprain. Treatment interventions include heat, ice, home exercise program, non-steroidal anti-inflammatory and a TENS unit. MTUS guidelines recommends a home-based TENS unit after a treatment trial neuropathic pain disorders. The injured worker is being treated for soft tissue knee pain which is not a neuropathic disorder. In addition, documentation does not

provide evidence of a supervised month-long trial indicating significant therapeutic effect or treatment plan with specific treatment goals. The request as written is therefore not medically necessary.