MAXIMUS Federal Services

Case Number:	CM14-0023469		
Date Assigned:	05/12/2014	Date of Injury:	12/04/2013
Decision Date:	07/10/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/24/2014

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, has a subspecialty in Interventional Spine, 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 patient is a 45 year-old female who was injured on 12/4/13 when she tripped and fell. According to the initial chiropractic report on 1/28/14 from [redacted], she presents with 5/10 right knee pain, left shin laceration, gastritis from anti-inflammatory medications. Her diagnoses included right knee tenosynovitis r/o derangement; post traumatic gastritis from medication, laceration/contuison to left tibialis anterior. A TENS unite was recommended. UR denied this on2/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTRO MUSCLE STIMULATION (2) TIMES A WEEK FOR (4) WEEKS FOR THE RIGHT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, and Non-MTUS ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2008, Pages 1002-1022.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-121.

Decision rationale: The patient injured her knee when she fell on it on 12/4/13. On 1/28/14, the chiropractor requested TENS or electrical muscle stimulation 2x4 for the right knee. MTUS states TENS may be indicated for neuropathic pain. The patient does not have neuropathic pain. MTUS also states there must be documentation of pain for at least 3-months duration. This patient's pain has only been present since she fell on the month before. MTUS also states there must be "evidence that other appropriate pain modalities have been tried (including medication) and failed" There is no discussion on efficacy of the medications or other prior pain modalities. The request for TENS or EMS is not in accordance with the MTUS guidelines.