

Case Number:	CM14-0023511		
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:

This patient is a 45-year-old male with date of injury 12/04/2013. Per treating physician's report 01/28/2014, the patient presents with right knee pain, left shin laceration/contusion/scarring, gastritis. Listed diagnoses are 1) right knee tenosynovitis, rule out derangement; 2) post-traumatic gastritis from medication; and 3) laceration/contusion/scarring of the left tibialis anterior, TENS unit was requested along with diagnostic x-rays, MRI of the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee Complaints, ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2008, page 1015-1017.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114.

Decision rationale: This patient presents with injury to the right knee and anterior shin and presents with persistent knee pain. The treating physician has asked for a TENS unit. When reading MTUS Guidelines for TENS unit, the criteria for TENS unit use include neuropathic

pain, complex regional pain syndrome (CRPS) type II, multiple sclerosis, spasticity, and phantom limb pain. This patient does not present with any other conditions that support the use of TENS unit. This patient presents with musculoskeletal problem with the right knee and shin. Furthermore, if a TENS unit is to be used, one-month rental home trial is recommended prior to purchase. Recommendation is not medically necessary.