

Case Number:	CM14-0025656		
Date Assigned:	06/13/2014	Date of Injury:	09/15/2002
Decision Date:	09/11/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/28/2014

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 bilateral knee pain reportedly associated with an industrial injury of September 15, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; psychotropic medications; and viscosupplementation injections. In a Utilization Review Report dated February 18, 2014, the claims administrator denied a request for a TENS unit and associated supplies, stating that there was no evidence that the applicant had had a successful trial of the same before the device in question was considered. The applicant's attorney subsequently appealed. It appears that the TENS unit was endorsed via handwritten prescription and request for authorization form dated January 3, 2014, which the attending provider did seek authorization for a brand name TENS device. No narrative commentary, progress note, or applicant-specific information was attached to the request for authorization for the same. On November 27, 2013, the applicant was given diagnosis of chronic knee pain secondary to knee arthritis, chronic shoulder pain, and chronic low back pain. The applicant was placed off of work, on total temporary disability. In an October 23, 2013 progress note, the applicant received the first in a series of five planned viscosupplementation injections for knee arthritis. Norco, Flexeril, and Voltaren were endorsed. The applicant was again placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT, BATTERIES, REMOVER, ID WIRE PURCHASE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, CHRONIC PAIN (TRANCUTANEOUS ELECTRICAL NERVE STIMULATION).

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

Decision rationale: As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, a request to purchase the TENS unit should be predicated on evidence of a successful one-month trial of the same, with favorable outcomes in terms of both pain relief and function. In this case, however, the attending provider seemingly sought authorization for the TENS device without evidence of a one-month trial of the same. There was no evidence that the TENS unit was employed on a trial basis before a request for authorization to purchase the same was made. The attending provider's request for authorization, moreover, was not accompanied by a clinical progress note or other narrative commentary. Therefore, the request is not medically necessary.