

Case Number:	CM14-0028064		
Date Assigned:	06/16/2014	Date of Injury:	08/17/1987
Decision Date:	07/23/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	03/05/2014

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 claimant was injured on 08/17/87. She has chronic pain. She saw [REDACTED] on 01/28/13 for follow up of her first metatarsocuneiform degenerative joint disease. She had arthritis and a bunion. She was casted that day. A bone scan dated 10/24/12 revealed periprosthetic tracer uptake corresponding to bilateral knee arthroplasties. On 02/06/14, a TENS unit was denied and is under appeal. She had reported decreased pain with TENS use and slightly decreased pain with improved range of motion. However, range of motion and gait deficits continued. She had a previous unit. A new unit was non-certified. There was no evidence that the old unit was dysfunctional or needed to be replaced.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMPI TENS UNIT AND SUPPLIES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-117.

Decision rationale: The history and documentation do not objectively support the request for a TENS unit and supplies at this time. The claimant has a TENS unit and there is no

documentation that it is not working or for some reason not available to her. There is no indication that she needs supplies and the quantity of the supplies requested is unknown. The medical necessity of this request has not been clearly demonstrated based on the available information. As such, the request is not medically necessary and appropriate.