

Case Number:	CM14-0030954		
Date Assigned:	06/20/2014	Date of Injury:	07/26/2008
Decision Date:	07/23/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/11/2014

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 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 62 year old female who was injured on 07/26/2008. The mechanism of injury is unknown. The patient underwent left knee scope with hardware removal on 01/26/2010. The patient is status post open reduction internal fixation on 07/27/2008. Diagnostic studies reviewed include x-rays of bilateral knees were obtained on 10/29/2013 revealed minimal patellofemoral degenerative changes. Medial joint space measured 7 mm and the lateral joint space also measured 7 mm. The left knee films revealed moderate to degenerative changes along with evidence of prior patella fracture. Progress report dated 02/17/2014 indicates the patient complained of left knee pain with stiffness and weakness. He rated his pain as 5/10 with medication and 7/10 with medications. Examination of the left knee revealed tenderness over the medial and lateral joint. The treatment and plan included a request for Ultracin topical lotion and Norco. No further information could be obtained from this report. On ortho report dated 10/29/2013 indicates the patient presented with complaints of bilateral knee pain and an unchanged condition. She has been using over-the-counter Tylenol to control her knee pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrodes 2 Inch mdn/s w/md Quantity 12 Packs: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the reference for CA MTUS, neuromuscular electrical stimulation devices are not recommended for chronic pain, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration for neuropathic pain, like diabetic neuropathy and post-herpetic neuralgia, CRPS, phantom limb pain, spasticity, and multiple sclerosis. Since the medical records do not have any of these diagnoses, TENS unit and associated parts are not recommended for this patient. The medical necessity is not established for this request.

Battery Alkaline 9 Volt Quantity 18: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the reference for CA MTUS, neuromuscular electrical stimulation devices are not recommended for chronic pain, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration for neuropathic pain, like diabetic neuropathy and post-herpetic neuralgia, CRPS, phantom limb pain, spasticity, and multiple sclerosis. Since the medical records do not have any of these diagnoses, TENS unit and associated parts are not recommended for this patient. The medical necessity is not established for this request.

Adhesive Remover Towel Mint Quantity 24: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the reference for CA MTUS, neuromuscular electrical stimulation devices are not recommended for chronic pain, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration for neuropathic pain, like diabetic neuropathy and post-herpetic neuralgia, CRPS, phantom limb pain, spasticity, and multiple sclerosis. Since the medical records do not have any of these diagnoses, TENS unit and associated parts are not recommended for this patient. The medical necessity is not established for this request.

TENS Leadwire Quantity 2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the reference for CA MTUS, neuromuscular electrical stimulation devices are not recommended for chronic pain, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration for neuropathic pain, like diabetic neuropathy and post-herpetic neuralgia, CRPS, phantom limb pain, spasticity, and multiple sclerosis. Since the medical records do not have any of these diagnoses, TENS unit and associated parts are not recommended for this patient. The medical necessity is not established for this request.

Transcutaneous Electrical Nerve Stimulation (TENS) Unit For Purchase: Upheld

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

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

Decision rationale: According to the reference for CA MTUS, neuromuscular electrical stimulation devices are not recommended for chronic pain, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration for neuropathic pain, like diabetic neuropathy and post-herpetic neuralgia, CRPS, phantom limb pain, spasticity, and multiple sclerosis. Since the medical records do not have any of these diagnoses, TENS unit and associated parts are not recommended for this patient. The medical necessity is not established for this request.