

Case Number:	CM14-0038477		
Date Assigned:	06/27/2014	Date of Injury:	06/06/2006
Decision Date:	08/26/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/01/2014

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:

This is a 68 year-old male with a 6/6/06 date of injury. He is status post a cervical fusion at C3/4 and C4/5, as well as a bilateral Carpal Tunnel Release. The patient was seen on 3/5/14 with complaints of bilateral knee pain, neck pain with radiation of the upper extremities, and headaches. Exam findings revealed cervical and lumbar spine tenderness and restricted range of motion with muscle spasms. There was diffuse tenderness to palpation of the bilateral wrists and hands as well as weakness in grip strength and restricted range of motion. There was tenderness in the knees bilaterally without crepitus or laxity and a positive McMurrays test on the right. Treatment to date: viscosupplementation to the left knee, medication management, surgery, physical therapy. An adverse determination was received on 3/24/14 given there was no evidence of a 1 month trial period of the Transcutaneous Electrical Nerve Stimulation (TENS) unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Transcutaneous Electrical Nerve stimulation Unit for Home Use: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (TENS UNIT page 114-116) Page(s): 114-116.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that a one-month trial period of the Transcutaneous Electrical Nerve Stimulation (TENS) unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function and that other ongoing pain treatment should also be documented during the trial period including medication. There is no documentation with regard to a one month trial of the TENS unit. Therefore, the request for a TENS unit was not medically necessary.