

Case Number:	CM14-0044709		
Date Assigned:	07/02/2014	Date of Injury:	10/26/2011
Decision Date:	08/26/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/11/2014

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 Illinois. 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 injured worker is a 64-year-old male who reported an injury on 08/15/2012 secondary to an unspecified mechanism of injury. The injured worker was evaluated on 05/29/2014 for shoulder, hip, and knee pain. The exam noted the patient had difficulty standing and ambulated with a limp. Positive straight leg raise was noted. Tenderness to the cervical and lumbar spine and bilateral knees was noted. The range of motion of the knees was noted to be limited. The treatment plan included transdermal medications. The Request for Authorization and rationale for the request were not included in the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Month Home Based Trial of Neurostimulator TENS-EMS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

Decision rationale: The California MTUS Guidelines do not recommend TENS units as a primary treatment modality. However, a one (1) 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. Although the patient has had a trial and failure of conservative therapy such as physical therapy and continues to exhibit pain and functional deficits, there is a significant lack of clinical evidence in the documentation provided of the intended use as an adjunct to a program of evidence based functional restoration. Therefore, due to the lack of evidence of the intended use as an adjunct to a program of evidence based functional restoration, the request for One Month Home Based Trial of Neurostimulator TENS-EMS is not medically necessary.