

Case Number:	CM14-0055908		
Date Assigned:	07/23/2014	Date of Injury:	05/21/2012
Decision Date:	09/09/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/25/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Massachusetts. 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:

According to the documents available for review, the patient is a 66 year old female. Her job involved checking luggage for airline carrier and during the course of her activities tripped and fell down a flight of stairs. She sustained injuries to her knees and ankles. The date of injury is May 21, 2012. The patient care is the following diagnoses; right knee sprain /strain, left knee sprain /strain, right ankle strain/ sprain, left ankle sprain/ strai and history of stasis edema both legs. A request for tens unit two month rental and supplies for bilateral knees and ankles was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit 2 month rental and supplies for bilateral knees and ankles: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Chronic pain, TENS Unit Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation), p114 Page(s): 114.

Decision rationale: According to the MTUS, TENS is not recommended as a primary treatment modality, 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 the conditions described below: a homebase treatment trial of one month may be appropriate for neuropathic pain and CRPS II, CRPS I, neuropathic pain, phantom limb pain, spasticity, multiple sclerosis. According to the documents available for review, the patient has none of the above noted indications for the use of a home-based tens program. Therefore, at this time, the requirements for treatment are not deemed medically necessary.