

Case Number:	CM14-0073547		
Date Assigned:	07/16/2014	Date of Injury:	07/11/2013
Decision Date:	09/16/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/20/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 54-year-old individual was reportedly injured on July 11, 2013. The mechanism of injury was not listed in these records reviewed. The most recent progress note was dated May 5, 2014 and indicated that there were ongoing complaints of knee pain. The physical examination demonstrated a 5'8" 210 pound individual who is normotensive. Diagnostic imaging studies objectified a medial meniscus tear. Previous treatment included conservative care. A request had been made for TENS unit with batteries and electrodes and was not certified in the pre-authorization process on May 15, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

GSMHD Combo TENS with HAN programs QTY:1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrotherapy) Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113-116.

Decision rationale: It is not recommended as a primary treatment modality, but a one-month home-based Transcutaneous Electrical Nerve Stimulation (TENS) trial

may be considered as a noninvasive conservative option but only if it's used as an adjunct to a program of evidence-based functional restoration. This request is not considered medically necessary.

Electrodes (pairs): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrotherapy) Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113-116.

Decision rationale: It is not recommended as a primary treatment modality, but a one-month home-based Transcutaneous Electrical Nerve Stimulation (TENS) trial may be considered as a noninvasive conservative option but only if it's used as an adjunct to a program of evidence-based functional restoration. This request is not considered medically necessary.

Batteries QTY :8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrotherapy) Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113-116.

Decision rationale: It is not recommended as a primary treatment modality, but a one-month home-based Transcutaneous Electrical Nerve Stimulation (TENS) trial may be considered as a noninvasive conservative option but only if it's used as an adjunct to a program of evidence-based functional restoration. This request is not considered medically necessary.