

Case Number:	CM14-0082447		
Date Assigned:	07/21/2014	Date of Injury:	06/18/2013
Decision Date:	09/16/2014	UR Denial Date:	05/24/2014
Priority:	Standard	Application Received:	06/04/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was 54-year old female who sustained an injury on 06/18/13 while she stepped out of the bus, her leg hit the ground and heard a snap in her left knee. In addition, she also developed pain in her left thumb and wrist which was holding support railing in the bus. She had conservative management including medications, physical therapy, acupuncture and shock therapy. She was not working. Her history was significant for diabetes mellitus and hypertension. Her medications were; Metformin, Cartivisc, Cyclobenzaprine, Hydrocodone/APAP, Omeprazole, Zolpidem, topical analgesics and Lisinopril. Her diagnoses included lumbar sprain/strain with radiculopathy, left wrist sprain/strain, De Quervain's tenosynovitis, bilateral knee sprain/strain with internal derangement. In addition she was seen by Psychology and was thought to have adjustment disorder with anxiety and depressed mood due to chronic pain. Her MRI of knees in 2014 showed medial meniscal tears, lateral meniscal tears, MCL sprain, osteoarthritis, patellar tendinosis, patellar chondromalacia and semimembranosus tendinosis. Her MRI of lumbar and thoracic spines in 2014 showed degenerative lumbar spondylosis, spondylolisthesis, multi level lumbar disc protrusions, producing moderate spinal stenosis and moderate bilateral foraminal narrowing at L4-L5 level. Her complaints included low back pain, left wrist pain and bilateral knee pains with a severity of 8-9/10. She had received 12 physical therapy treatments to date. A request was sent for EMS/TENS unit rental/purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMS/TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain Page(s): 114.

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

Decision rationale: The employee was being treated for bilateral knee pain with internal derangement, tenosynovitis of wrist, lumbar sprain and strain as well as adjustment disorder. She had been treated with acupuncture, physical therapy, medications and chiropractic therapy. She continued to have pain at 8-9/10 in intensity. The Chronic Pain Guidelines indicate that TENS units can be used in the treatment of chronic intractable pain, in individuals who have failed to improve with other appropriate pain modalities, including analgesic medications. The guidelines recommend a one month trial of TENS unit before a purchase is requested. A review of the submitted medical records provides evidence that she has failed to improve with physical therapy, and oral medications. She meets the criteria for a one month trial of TENS unit. While this employee meets the guideline criteria for TENS trial, she doesn't meet the criteria for a purchase of the TENS unit. Hence the request for purchasing EMS/TENS unit is not medically appropriate or necessary.