

Case Number:	CM14-0197323		
Date Assigned:	12/05/2014	Date of Injury:	03/13/2000
Decision Date:	01/29/2015	UR Denial Date:	10/25/2014
Priority:	Standard	Application Received:	11/24/2014

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 Rehab 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:

The underlying date of injury in this case is 03/13/2000. The patient's diagnoses include lumbar spine dysfunction, lumbar spine disc displacement, bilateral knee pain, and status post right total knee arthroplasty in 2008. On 08/14/2014, the patient was seen in pain management followup with a complaint of low back pain radiating down the right lower extremity to the right knee with numbness and tingling. The patient requested left knee surgery. The patient reported no difficulties with medications. The patient was noted to have previously undergone an EMG which was normal. The treatment plan included continuing medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrodes (Per Pair), Conductive Paste or Gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

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

Decision rationale: The medical records are unclear in terms of what types of electrodes are desired or what the indication is for this request. Given reference to transcutaneous therapy in the notes, it appears that this request may be for electrodes for TENS or another form of

transcutaneous electrotherapy. The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on TENS, recommend TENS as an adjunct to appropriate evidence-based functional restoration. The medical records do not discuss specific benefit or functional improvement in the past from TENS or another form of transcutaneous electrotherapy. For this reason, it is not possible to support a rationale or ongoing indication for electrodes and related supplies. This request is not medically necessary.