

Case Number:	CM14-0200769		
Date Assigned:	12/11/2014	Date of Injury:	02/13/2013
Decision Date:	01/28/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	12/01/2014

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 Emergency Medicine, has a subspecialty in ENTER SUBSPECIALTY 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:

Patient with reported date of injury on 2/13/2013. Mechanism of injury is described as a slip and fall. Patient has a diagnosis of knee pain and is post L knee arthroscopy and partial medial meniscectomy on 11/6/13. Medical reports reviewed. Last report available until 12/3/14. Documentation provided is limited with minimal documentation of assessment of pain and function and minimal objective exam documentation. Patient complains of L knee pain and weakness. Pain is 3/10. Objective exam reveals tenderness to L knee. Patient has used TENS in the past and it was "helpful". No medication list was provided. Note on 12/3/14 notes that patient was already using TENS but there is no documentation of any improvement. Patient has undergone physical therapy. Independent Medical Review is for TENS unit for home purchase. Prior UR on 11/3/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit for home use purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

Decision rationale: As per MTUS Chronic pain guidelines, TENS (Transcutaneous Electrical Nerve Stimulation) may be recommended only if it meets criteria. Evidence for its efficacy is poor. Pt does not meet criteria to recommend TENS. There is no proper documentation of prior conservative treatment modalities for pain except for physical therapy. There is no documentation of medication list. TENS is recommended if use adjunctively with functional restoration program but in this case, there is no documentation of such a program. There is no documented short and long term goal for the TENS. There is no documentation of objective pain improvement with current use of TENS. Patient has reported subjective improvement only and current documentation does not support a successful 1month trial of TENS. Patient does not meet any criteria to recommend TENS. TENS is not medically necessary.