

Case Number:	CM15-0006576		
Date Assigned:	01/26/2015	Date of Injury:	02/08/2012
Decision Date:	03/25/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/12/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 38-year-old male who reported an injury on 02/08/2012. The mechanism of injury was not provided. The documentation of 12/05/2014 revealed the injured worker had bilateral knee pain that was increased possibly due to recent cold and rainy weather. The injured worker underwent left knee surgery in 11/2012. The injured worker had right knee pain that was intermittent. The injured worker had left knee pain that felt like it was "under the kneecap." The injured worker medications include Norco 5/325, Lyrica 75 mg twice a day, meloxicam 7.5 mg twice a day, omeprazole 20 mg daily, Menthoderm gel, and the injured worker was utilizing physical therapy sessions with stretches and a TENS unit for pain. The request was made for TENS patches times 2 pairs. The diagnosis included left patellofemoral syndrome, status post-surgical left knee, and tendinitis bilateral knees. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS patches x 2 for bilateral knees: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend a TENS unit for use as an adjunct to a program of evidence based functional restoration for chronic neuropathic pain. The clinical documentation submitted for review indicated the injured worker had utilized the TENS unit. However, there was a lack of documentation of objective functional benefit and an objective decrease in pain through the use of the unit. As such, this request would not be supported. Given the above, the request for TENS patches times 2 for bilateral knees is not medically necessary.