

Case Number:	CM15-0103718		
Date Assigned:	06/08/2015	Date of Injury:	03/26/2014
Decision Date:	07/09/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/29/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 46 year old woman sustained an industrial injury on 3/26/2014. The mechanism of injury is not detailed. Diagnoses include adjustment disorder with depressed mood, injuries to multiple sites, knee and leg sprain/strain, ankle sprain/strain, and neuralgia. Treatment has included oral medications, TENS unit for home use, and home exercise program. Physician notes dated 1/22/2015 show complaints of right lower extremity pain. Recommendations include Nabumetone, Norco, Flexeril, Medrox ointment, Gabapentin, continue home exercise program, TENS unit therapy, electromyogram/nerve conductions study of the bilateral lower extremities, additional physical therapy, ice, and heat compress.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 PENS (percutaneous electrical nerve stimulation) sessions, Right Knee/ Leg, 6 sessions:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous electrical nerve stimulation (PENS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous electrical nerve stimulation (PENS) Page(s): 97.

Decision rationale: The MTUS Guidelines do not recommend the use of percutaneous electrical nerve stimulation (PENS) as a primary treatment. This treatment is restricted to use with an evidence-based functional restoration program after other non-surgical treatments (such as TENS and therapeutic exercise) were insufficient or were unable to be used for medical reasons. An initial trial demonstrating benefit is required. There are limited good studies to support PENS as a helpful treatment option. The submitted and reviewed documentation indicated the worker was experiencing right outer thigh discomfort and right knee pain. There was no discussion of prior conservative treatments that had been unsuccessful or medical reasons why they were not appropriate. In the absence of such evidence, the current request for a percutaneous electrical nerve stimulator (PENS) for the right knee and leg is not medically necessary.