

Case Number:	CM15-0109320		
Date Assigned:	06/15/2015	Date of Injury:	06/06/2014
Decision Date:	11/19/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	06/05/2015

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, Ohio, California
 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 51 year old male, who sustained an industrial-work injury on 6-6-14. He reported initial complaints of left knee pain. The injured worker was diagnosed as having left knee sprain-strain status post left knee arthroscopy. Treatment to date has included medication and surgery. Currently, the injured worker complains of constant residual knee pain rated 7 out of 10 with associated numbness and tingling that radiated to the foot. Medications offer temporary relief and improve ability to have restful sleep. Activity restrictions also alleviate pain. Per the primary physician's progress report (PR-2) on 4-9-15, exam notes well healed scar on the left knee, effusion and antalgic gait, tenderness to palpation over the medial and lateral joint line, decreased range of motion of left knee, decreased sensation to pinprick and light touch at the left L4-S1 dermatomes, and motor strength was also decreased in the lower extremity secondary to pain. Current plan of care includes medication and transcutaneous electrical nerve stimulation (TENS) unit. The Request for Authorization requested service to include 1 transcutaneous electrical nerve stimulation (TENS) unit. The Utilization Review on 5-6-15 denied the request for 1 TENS unit, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: MTUS recommends a 1-month TENS trial as part of an overall functional restoration program for a neuropathic pain diagnosis. The records at this time do not document a neuropathic TENS diagnosis for which TENS would be indicated, nor do the records document an alternate rationale for this request. Therefore a TENS rental and associated supplies are not medically necessary.