

Case Number:	CM15-0130553		
Date Assigned:	07/17/2015	Date of Injury:	08/22/2012
Decision Date:	08/13/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/07/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker is a 48 year old female who sustained an industrial injury on 8-22-12. Diagnoses are pain in joint lower leg, effusion of joint lower leg, tear medial meniscus knee, and sciatica. In a progress report dated 6-15-15, the treating physician notes left knee effusion. Knee range of motion is limited due to pain in the left knee. There is tenderness to palpation in the lateral and medial side of the patella. The injured worker complains of pain rated at 8 out of 10. Current medications are Ketapofen, Gabapentin, and Omeprazole. She has been treated with physical therapy, ice, and medications. The most recent work status noted is a return to modified work. It is noted that she had improvement with pain in the past with use of a transcutaneous electrical stimulation unit. The requested treatment is a transcutaneous electrical stimulation unit for 2 months rental.

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 x 2 months rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous Electrical Nerve Stimulation Page(s): 114-116.

Decision rationale: According to MUTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. Furthermore, there is no clear information about a positive one month trial of TENS. In addition, there is no evidence that other modalities has been tried and failed. Therefore, the prescription of TENS unit for home use x 2 months rental is not medically necessary.