MAXIMUS Federal Services

Case Number:	CM15-0131808		
Date Assigned:	07/20/2015	Date of Injury:	07/10/2013
Decision Date:	08/14/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/08/2015

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 62 year old male, who sustained an industrial injury on 7-10-2013. He reported right knee pain. Diagnoses have included right knee pain and pre-patellar bursitis. Treatment to date has included physical therapy, home exercise program and medication. According to the progress report dated 5-20-2015, the injured worker complained of right knee pain. He rated his pain as three to four out of ten. He reported a buckling, giving out sensation; he fell in March 2015. He used a transcutaneous electrical nerve stimulation (TENS) unit in physical therapy which he found helpful. Physical exam revealed a mildly antalgic gait. There was tenderness along the lateral right knee joint line. Authorization was requested for a transcutaneous electrical nerve stimulation (TENS) unit 30 day trial for home use.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit 30 day trial for home use: 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. Therefore, the prescription of TENS unit 30 day trial for home use is not medically necessary.