

Case Number:	CM15-0142828		
Date Assigned:	08/03/2015	Date of Injury:	10/13/2010
Decision Date:	08/31/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/23/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 35 year old female, who sustained an industrial injury on 10-13-2010, resulting from a trip and fall. The injured worker was diagnosed as having pain in joint, lower leg. Treatment to date has included diagnostics, physical therapy, and medications. Currently (5-14-2015), the injured worker's complaints were not documented. Objective findings included positive patellofemoral compression test, crepitus, positive straight leg raise, and positive FABERE on the left. Medications included Norco and Ibuprofen. The treatment plan included a transcutaneous electrical nerve stimulation unit rental with supplies for one month, for pain control. Work status was permanent and stationary as of 2-27-2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit one month rental and supplies (left knee and lumbar spine): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-115.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114.

Decision rationale: The claimant sustained a work injury in October 2010 and continues to be treated for left knee and radiating low back pain. When seen, there was knee crepitus and positive patellofemoral compression testing. Straight leg rising was positive and Fabere tests were positive. There was a slight limp. Norco and ibuprofen were refilled and a one month trial of TENS was requested for pain control. In terms of TENS, although not recommended as a primary treatment modality, a one-month home-based TENS trial may be considered as a noninvasive conservative option. Indications include pain, inflammation, and muscle spasm and, if effective, can be performed independently by the patient. Low cost basic TENS units are available for home use and supplies such as electrodes can be reused many times. A trial of TENS is medically necessary.