

Case Number:	CM15-0161478		
Date Assigned:	08/27/2015	Date of Injury:	04/21/1994
Decision Date:	10/05/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/17/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 72-year-old who has filed a claim for chronic knee and leg pain reportedly associated with an industrial injury of April 21, 1994. In a Utilization Review report dated August 10, 2015, the claims administrator failed to approve a request for a TENS unit. The claims administrator referenced an August 5, 2015 RFA form and associated progress notes of July 20, 2015 and April 29, 2015 in its determination. The applicant's attorney subsequently appealed. On an RFA form dated August 5, 2015, TENS unit was sought, seemingly without much in the way of supporting rationale. On a March 30, 2015 progress note, the applicant reported ongoing complaints of knee and hip pain. The applicant was asked to continue Norco and topical Terocin. Home exercise was endorsed. The applicant's work status was not detailed. There was no mention made of the TENS unit in question. On April 29, 2015, the applicant again reported ongoing complaints of hip and knee pain. Norco and Terocin were again endorsed. The applicant's work status, once again was not detailed. An exercise program was suggested. Once again, there was no mention of the need for a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

Decision rationale: No, the proposed TENS unit [purchase] was not medically necessary, medically appropriate, or indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, provision of a TENS unit on a purchase basis should be predicated on evidence of favorable outcome during an earlier one-month trial of the same, with evidence of beneficial outcome present in terms of both pain relief and function. Here, however, no clinical progress note was attached to the August 3, 2015 RFA form. Little-to-no narrative commentary or narrative rationale accompanied the RFA form. It appeared that the attending provider prescribed and dispensed the device at issue without having the applicant first undergo a one-month trial of the same. Therefore, the request is not medically necessary.