

Case Number:	CM15-0162103		
Date Assigned:	08/28/2015	Date of Injury:	03/03/2006
Decision Date:	10/05/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/18/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 58 year old female who sustained an industrial injury on 3-3-06 from a trip and fall per utilization review. She currently continues with left knee pain and walks with caution and uses a cane for ambulation. On physical exam of the left knee there was decreased range of motion and abnormal patellar mobility with tenderness on palpation of the medial joint. Medications were Lidoderm patches, Neurontin, clobetisol. Diagnoses include status post left total knee replacement complicated by complex regional pain syndrome. Treatments to date include medications: transcutaneous electrical nerve stimulator unit with benefit. In the 8-3-15 progress note the treating provider's plan of care included electrodes for transcutaneous electrical nerve stimulator unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrodes for TENS unit: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Durable medical equipment (DME).

Decision rationale: The Official Disability Guidelines state that durable medical equipment (DME) is defined as a device that can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in a patient's home. DME includes bathroom and toilet supplies, assistive devices, TENS unit, home exercise kits, cryotherapy, orthoses, cold/heat packs, etc. The documentation submitted for review indicates that the injured worker uses a TENS unit at home which helps her. I respectfully disagree with the UR physician's denial based upon a lack of indication that the electrodes currently in use have malfunctioned or been damaged. These are parts which are expected to wear out and be replaced. The request is medically necessary.