

Case Number:	CM15-0163976		
Date Assigned:	09/01/2015	Date of Injury:	04/17/2013
Decision Date:	09/30/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/20/2015

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, Illinois

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 injured worker is a 38 year old female, who sustained an industrial injury on 4-17-2013. She reported injury to the left knee when a heavy door struck her. Diagnoses include internal derangement of the knee status post synovectomy and chondroplasty, right knee pain, back pain, chronic pain, depressions and anxiety. Treatments to date include activity modification, medication, and physical therapy. Currently, she there were no subjective complaints documented. Norco was noted to be requires three times a day, however, Norco was not present in the most recent drug evaluation and a new urine drug screen was to be obtained on this date. On 5-27-15, the physical examination documented tenderness along the patella. The appeal included a request to authorize a four lead TENS unit and conductive garment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four lead TENS unit (indefinite use) Qty: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 116-118.

Decision rationale: The injured worker sustained a work related injury on 4-17-2013. The medical records provided indicate the diagnosis of internal derangement of the knee status post synovectomy and chondroplasty, right knee pain, back pain, chronic pain, depressions and anxiety. Treatments to date include activity modification, medication, and physical therapy. The medical records provided for review do not indicate a medical necessity for Four lead TENS unit (indefinite use) Qty: 1.00. The MTUS guidelines for the use of TENS unit recommends a 30 day rental of TENS unit as an adjunct to evidence based functional restoration following three months of ongoing pain and lack of benefit with other modalities of treatment. During this period, there must be a documentation of short and long-term goals, the benefit derived from the equipment, as well as a documentation of how the machine was used. Also, the guideline recommends the use of two electrode unit rather than the four electrodes. TENS unit has been found useful in the treatment of Neuropathic pain; Phantom limb pain and CRPS II; and Spasticity. The requested treatment is 4 lead TENS unit rather than 2- lead TENS unit: the MTUS does not recommend the use of 4 lead TENS unit without a documentation of why this is necessary. Also, though a 02/2015 document stated she used TENS unit at work, there was no information on how it was used and the outcome of usage. Therefore, this request will be considered as an initial use, consequently. The MTUS recommends a rental period of 30- days before decision is made for extended use. Consequently, the request for indefinite use of TENS unit is not medically necessary.

Associated service: Conductive garment Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Online.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 116-118.

Decision rationale: The injured worker sustained a work related injury on 4-17-2013. The medical records provided indicate the diagnosis of internal derangement of the knee status post synovectomy and chondroplasty, right knee pain, back pain, chronic pain, depressions and anxiety. Treatments to date include activity modification, medication, and physical therapy. The medical records provided for review do not indicate a medical necessity for: Associated service: Conductive garment Qty: 1.00. This is not medically necessary because the use of TENS unit has been determined not to be medically necessary.