

Case Number:	CM15-0188532		
Date Assigned:	09/30/2015	Date of Injury:	07/05/2014
Decision Date:	11/13/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/24/2015

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 68 year old male, who sustained an industrial injury on 7-5-14. Medical records indicate that the injured worker is undergoing treatment for a right knee sprain and chronic pain. The injured worker was currently not working. On (7-21-15) the injured worker complained of right knee pain. Objective findings revealed tenderness of the right knee. Treatment and evaluation to date has included medications, MRI of the lumbar and cervical spine, urine toxicology screen, right knee brace, chiropractic treatments and physical therapy. A current medication list was not provided in the medical records. The current treatment request is for a transcutaneous electrical nerve stimulation unit rental-purchase. The Utilization Review documentation dated 8-31-15 non-certified the request for a transcutaneous electrical nerve stimulation unit rental-purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Tens unit: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines do not recommend TENS as a primary treatment modality, but support consideration of a one-month home-based TENS trial used as an adjunct to a program of evidence-based functional restoration. Furthermore, criteria for the use of TENS includes pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a documented one-month trial period stating how often the unit was used, as well as outcomes in terms of pain relief and function. Per the medical records, the injured worker was refractory to medications, chiropractic manipulation, and physical therapy. I respectfully disagree with the UR physician's assertion that the injured worker does not meet the criteria for TENS unit. TENS unit rental/trial is indicated. The injured worker will continue with HEP. The request is medically necessary.