

Case Number:	CM15-0192860		
Date Assigned:	10/06/2015	Date of Injury:	07/12/2011
Decision Date:	12/09/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	10/01/2015

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

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 63 year old male, who sustained an industrial injury on 7-12-11. The injured worker is being treated for osteoarthritis. X-rays of left showed no increase in osteoarthritis and x-rays of right knee revealed advanced osteoarthritis of medial compartment. Treatment to date has included left knee surgery, physical therapy, oral medications including Norco 10-325mg and anti-inflammatories, icing, bracing, physical therapy, intraarticular cortisone injection and activity modifications. On 6-10-15, the injured worker complains of constant bilateral knee pain rated 5 out of 10 and notes the symptoms have progressed. Work status is noted to be retired. Physical exam performed on 6-10-15 revealed slightly limited range of motion of right knee. On 6-17-15 request for authorization was submitted for transcutaneous electrical nerve stimulation (TENS) unit purchase, electrodes, batteries, lead wire and shipping handling. On 9-2-15 request for transcutaneous electrical nerve stimulation (TENS) unit purchase, electrodes, batteries and lead wire was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: TENS unit for purchase (DOS: 6/13/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee Chapter TENS (transcutaneous electrical nerve stimulation).

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

Decision rationale: The MTUS does not recommend a TENS unit as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. There is documentation that a trial period with a rented TENS unit has been completed, but there was no note of any functional improvement as a result of its use. It was also noted that the patient was issued a Stim IF unit. No documentation of its use was available for review. Retrospective: TENS unit for purchase (DOS: 6/13/15) is not medically necessary.

Monthly electrodes (up to 12 months): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS does not recommend a TENS unit as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. The request for the TENS unit has been denied, consequently, this request is not medically reasonable at this time. Monthly electrodes (up to 12 months) are not medically necessary.

Monthly batteries (Up to 12 months): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS does not recommend a TENS unit as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. The request for the TENS unit has been denied, consequently, this request is not medically reasonable at this time. Monthly batteries (Up to 12 months) are not medically necessary.

Two (2) Lead wires: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS does not recommend a TENS unit as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. The request for the TENS unit has been denied, consequently, this request is not medically reasonable at this time. Two (2) Lead wires are not medically necessary.