MAXIMUS Federal Services

Case Number:	CM15-0198187		
Date Assigned:	10/13/2015	Date of Injury:	12/12/2010
Decision Date:	11/20/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/08/2015

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: Emergency 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 53 year old female, who sustained an industrial injury on 12-12-2010. The injured worker is currently able to work with modifications. Medical records indicated that the injured worker is undergoing treatment for status post right anterior cruciate ligament reconstruction and meniscus debridement, status post left knee arthroscopy, recurrent right meniscus tear, lumbar spine sprain-strain, right lower extremity radiculitis, discogenic back pain, lumbar spine degenerative disc-joint disease, cervical sprain-strain, bilateral wrist sprain, bilateral shoulder sprain-strain, insomnia, headaches, depression, post-traumatic stress disorder, and diabetes. Treatment and diagnostics to date has included acupuncture and medications. Recent medications have included Norco, pain patches, and Celebrex. After review of progress notes dated 07-29-2015 and 08-26-2015, the injured worker reported pain in her wrists, neck, lower back, and knees rated 6-9 out of 10 on the pain scale. Objective findings included tenderness to bilateral shoulders, right knee, and wrists, cervical paraspinal tenderness and spasm, and positive straight leg raise test. The request for authorization dated 08-26-2015 requested MR Arthrogram, Norco, analgesic topical creams, psychological evaluation and treatment, and durable medical equipment. The Utilization Review with a decision date of 09-15-2015 non-certified the request for durable medical equipment purchase-rental of transcutaneous electrical nerve stimulation (TENS) unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase/rental of transcutaneous electrical nerve stimulation (TENS) unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Electrical stimulators (E-stim).

Decision rationale: The requested Purchase/rental of transcutaneous electrical nerve stimulation (TENS) unit, is not medically necessary. Chronic Pain Medical Treatment Guidelines, TENS, chronic, (transcutanaeous electrical nerve stimulation), pages 114 - 116, note "Not recommended 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 injured worker has pain in her wrists, neck, lower back, and knees rated 6-9 out of 10 on the pain scale. Objective findings included tenderness to bilateral shoulders, right knee, and wrists, cervical paraspinal tenderness and spasm, and positive straight leg raise test. The treating physician has not documented a current rehabilitation program, nor objective evidence of functional benefit from electrical stimulation under the supervision of a licensed physical therapist nor home use. The criteria noted above not having been met, Purchase/rental of transcutaneous electrical nerve stimulation (TENS) unit is not medically necessary.