

Case Number:	CM15-0026432		
Date Assigned:	03/27/2015	Date of Injury:	12/08/2012
Decision Date:	05/01/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/11/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 56 year old female who sustained an industrial injury on 12/8/12. The injured worker reported symptoms in the right wrist, back and knees. The injured worker was diagnosed as having cervical strain/sprain, right shoulder strain with mild impingement syndrome, right wrist strain, chronic S1 radiculopathy, lumbar strain/sprain, left knee status post arthroscopic partial medial meniscectomy, right knee contusion, right knee status post arthroscopic partial medial meniscectomy, and right ankle sprain. Treatments to date have included analgesic medication, oral pain medication, lumbar epidural injections, and physical therapy. Currently, the injured worker complains of pain in the right shoulder, right wrist, back and bilateral knees. The plan of care was for the purchase of a transcutaneous electrical nerve stimulation unit, application of surface neurostimulator and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of TENS unit: CMS 3000 neurostimulator with CMS supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

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

Decision rationale: This 56 year old female has complained of low back pain, knee pain, neck pain and wrist pain since date of injury 12/8/12. She has been treated with epidural steroid injection, knee surgery, physical therapy and medications. The current request is for Purchase of TENS unit: CMS 3000 neurostimulator with CMS supplies. Per the MTUS guideline cited above, a 1 month trial of TENS unit therapy should be documented including documentation of how often the TENS unit was used as well as outcomes in terms of pain relief and function with use of the TENS unit. The available medical records included for review do not include this documentation. On the basis of the cited MTUS guideline and the lack of documentation, purchase of TENS unit: CMS 3000 neurostimulator with CMS supplies is not indicated as medically necessary.