

Case Number:	CM15-0052667		
Date Assigned:	03/26/2015	Date of Injury:	03/27/2012
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/19/2015

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 42 year old female injured worker suffered an industrial injury on 03/27/2012. The diagnoses included right knee arthroscopy. The injured worker had been treated with medications and a brace. On 12/22/2014, the treating provider reported low back pain and right knee pain. The right knee gives out on a regular basis and she has fallen quite often. There is bruising on the knees. There is tenderness on the knee and pain with spasms of the low back. The treatment plan included Knee orthosis and TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Large TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-117.

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

Decision rationale: The injured worker sustained a work related injury on 03/27/2012. The medical records provided indicate the diagnosis of right knee arthroscopy. The injured worker

had been treated with medications and a brace. The medical records provided for review do not indicate a medical necessity for large TENS unit. The MTUS does not recommend 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 for the treatment of neuropathic pain, Complex Regional Pain Syndrome II, Phantom limb pain, and Spasticity. The MTUS recommends a one month trial of TENS unit rental, documentation of treatment plan, including the specific short and long-term goals of treatment, documentation of other ongoing pain treatment. The request is not medically necessary.