MAXIMUS Federal Services

Case Number:	CM15-0053427		
Date Assigned:	03/26/2015	Date of Injury:	11/16/2014
Decision Date:	05/01/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/20/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 42 year old male, who sustained an industrial injury on November 16, 2014. The injured worker had reported a left ankle and hip injury related to a fall. The diagnoses have included a foot sprain/strain. Treatment to date was not provided in the documents. Current documentation notes that the injured worker complained of right knee and foot pain. Physical examination revealed right knee and ankle pain. The injured worker's gait was noted to be normal. The documentation submitted for review was nearly illegible. The treating physician's plan of care included a request for a home trial of a Prime Duel Neurostimulator (TENS/EMS).

IMR ISSUES, DECISIONS AND RATIONALES

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

Home trial of a prime dual neurostimulator (transcutaneous electrical nerve stimulation (TENS)/Electronic Muscle Stimulator (EMS) unit) # days quantity requested 30.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Neuromuscular electrical stimulation (NMES devices), p121 (2) Transcutaneous electrotherapy, p114 Page(s): 114, 121.

Decision rationale: The claimant sustained a work injury in November 2014 and continues to be treated for right knee and foot pain. In terms of TENS, a one-month home-based trial may be considered as a noninvasive conservative option. However, use of a neuromuscular electrical stimulation (NMES) device is not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. Therefore, the requested trial using a combination TENS/EMS unit was not medically necessary.