

Case Number:	CM15-0054648		
Date Assigned:	03/30/2015	Date of Injury:	08/28/2007
Decision Date:	05/05/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/23/2015

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 67 year old male, who sustained an industrial injury on 8/28/2007. The mechanism of injury was not noted. The injured worker was diagnosed as having pain in joint, involving the right leg, chondromalacia of patella, and tear of medial cartilage or meniscus of the right knee, per the Agreed Medical Examination of 1/30/2009. Treatment to date has included conservative measures, including medications and home exercise program. Currently, the injured worker complains of right knee pain, rated 8/10. He was currently utilizing Naproxen and Tramadol for pain, with some Improvement. He presented with his transcutaneous electrical nerve stimulation unit, stating that it stopped working one week prior, and requested a replacement unit. He also reported significant improvement while utilizing the device. The treatment plan included medications, follow-up in 3 months, possible surgical intervention, modified work and transcutaneous electrical nerve stimulation unit with supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit plus supplies: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 68.

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 the patient meets the criteria necessary for TENS unit purchase following a successful one-month trial of a rental TENS unit. I am reversing the previous utilization review decision. Patient reported good functional improvement with previous use. TENS unit plus supplies is medically necessary.