

Case Number:	CM15-0081562		
Date Assigned:	05/04/2015	Date of Injury:	10/25/2012
Decision Date:	06/02/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/28/2015

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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 male, with a reported date of injury of 10/25/2012. The diagnoses include discogenic lumbar condition, bilateral shoulder impingement syndrome, internal derangement of the right knee, ankle sprain, foot sprain, and depression due to chronic pain. Treatments to date have included a cane, electrodiagnostic studies, an MRI of the lumbar spine, an MRI of the right knee, an MRI of the shoulders, x-rays of the shoulders, an injection into the right shoulder, x-rays of the right knee, and psychological treatment. The medical report dated 03/09/2015 indicates that the injured worker had issues with his lower back, right knee, left ankle, both shoulders, left ankle, and bilateral carpal tunnel conditions. The objective findings include tenderness across the lumbar paraspinal muscles, pain with facet loading, and pain in both shoulders and knees with limited range of motion due to pain. The treating physician requested four lead transcutaneous electrical nerve stimulation (TENS) unit and one conductive garment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four lead TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Criteria for the use of TENS, Form-fitting TENS device Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-115.

Decision rationale: The request for a TENS unit is not medically necessary. The patient has been using a TENS unit but there was no objective documentation of functional improvement that would justify continued use. There should be documentation of decreased use of medications during the treatment period. A two lead unit is typically used. When a four-lead unit is requested, the rationale for its use over a two-lead unit should be documented. Because of these reasons, the request is considered not medically necessary.

Conductive garment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Criteria for the use of TENS, Form-fitting TENS device Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-115.

Decision rationale: The request for a TENS unit is not medically necessary. Therefore, the request for a conductive garment is not necessary. The patient has been using a TENS unit but there was no objective documentation of functional improvement that would justify continued use. There should be documentation of decreased use of medications during the treatment period. A two lead unit is typically used. When a four-lead unit is requested, the rationale for its use over a two-lead unit should be documented. Because of these reasons, the request for a TENS unit and therefore, a conductive garment, is considered not medically necessary.