

Case Number:	CM15-0086189		
Date Assigned:	05/08/2015	Date of Injury:	09/21/2000
Decision Date:	06/12/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/05/2015

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, New York, 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 applicant is a represented 633-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of September 21, 2000. In a Utilization Review report dated April 10, 2015, the claims administrator failed to approve a request for a TENS unit [purchase] with associated supplies. The claims administrator referenced a progress note of February 9, 2015 and a RFA form of April 7, 2015 in its determination. The applicant's attorney subsequently appealed. On February 19, 2015, the applicant reported ongoing complaints of knee pain status post earlier knee arthroscopy procedure. A home TENS unit with associated supplies was endorsed. The applicant reported 6/10 knee pain complaints. The attending provider stated that the applicant could employ "appropriate pharmacological agents" for pain relief. Medications were prescribed under separate cover, the treating provider reported. The applicant was returned to regular duty work.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit with supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for the use of TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

Decision rationale: No, the proposed TENS unit [purchase] with provision of associated supplies was not medically necessary, medically appropriate, or indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, a TENS unit should be procured on a purchase basis only in those applicants who have undergone a successful one-month trial of the same, with favorable outcomes in terms of both pain relief and function, here, however, the attending provider prescribed and/or dispensed the unit in question on February 19, 2015 without having the applicant first undergo a one-month trial of the device. Therefore, the request was not medically necessary.