

Case Number:	CM14-0127766		
Date Assigned:	08/15/2014	Date of Injury:	02/23/2007
Decision Date:	10/24/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/12/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 45-year-old male with a 2/23/07 date of injury. A specific mechanism of injury was not described. According to a progress report dated 6/20/14, the patient presented for a follow up of bilateral knee and low back pain. He stated that his medications help reduce his pain and increase his quality of life. He described his pain as a 4/10 with pain medications and as a 6-7/10 without medications. Objective findings: tenderness to medial joint line and patellar ligament of right knee, tenderness to patellar tendon of left knee, tenderness over paraspinals, increased pain with lumbar spine range of motion. Diagnostic impression: chondromalacia of patellofemoral joint, muscle pain, lumbar facet joint pain, lumbar degenerative disc disease, chronic pain syndrome, lateral and medial meniscus tear. Treatment to date: medication management, activity modification, physical therapy, surgery. A UR decision dated 7/29/14 denied the request for TENS unit 30 day trial. A specific rationale for denial was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEN (transcutaneous electrical nerve stimulation) unit 30 day trial: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 114-116.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. Criteria for the use of TENS unit include Chronic intractable pain - pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. However, in the present case, there is no documentation in the reports reviewed addressing any failure of conservative therapy, such as medications. In fact, the patient reported that his medications help reduce his pain and increase his quality of life. There is no documentation of a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. There is insufficient documentation to establish medical necessity for the requested home TENS unit, therefore the request is not medically necessary.