

Case Number:	CM14-0136295		
Date Assigned:	09/03/2014	Date of Injury:	02/05/2014
Decision Date:	09/26/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/25/2014

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, has a subspecialty in Interventional Spine 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:

The patient is a 59 year old female with date of injury 2/5/14. The treating physician report dated 7/10/14 indicates that the patient presents with pain affecting the left arm, bilateral elbow (3/10) and bilateral knees (6/10). The physical examination findings reveal moderate effusion and tenderness of the right knee with healed portal scars following right knee arthroscopy. The current diagnoses are include a right knee meniscal tear, status post right knee arthroscopy, a left knee meniscal tear and bilateral elbow injuries The utilization review report dated 7/30/14 denied the request for a 30 day transcutaneous electrical nerve stimulation (TENS) unit rental based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 day TENS unit rental (██████████): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: The patient presents with post-surgical pain and swelling following right knee meniscectomy. The current request is for 30 day TENS unit rental (██████████). The treating physician report dated 7/10/14 states, "The patient does continue with significant neuropathic pain. At this time, I do recommend that the patient be provided a TENS unit on a one month trial basis. The MTUS Guidelines do support a trial of TENS for neuropathic pain. The request appears reasonable and consistent with MTUS. Therefore the request is medically necessary.