

Case Number:	CM14-0154439		
Date Assigned:	09/24/2014	Date of Injury:	07/29/2013
Decision Date:	10/24/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/22/2014

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:

The injured worker is a 61-year-old female who reported an injury on 07/29/2013. The mechanism of injury was not provided. Other therapies and treatments included chiropractic care, physical therapy, injections and bracing. The diagnosis was tear of the lateral meniscus of the knee. Surgical history included an arthroscopy of the knee and other noncontributory surgeries. The injured worker's medications included aspirin 81 mg 1 daily, atenolol 25 mg 1 daily, benazipril hydrochloride 20 mg 1 daily, Humalog mix 75/25, metformin hydrochloride 1000 mg 1 twice a day, Norco 5/325 mg 1 to 2 tablets every 4 to 6 hours as needed for pain, omeprazole 20 mg 1 daily, Osteo Bi-Flex triple strength oral tablet therapy, simvastatin 40 mg 1 tablet at bedtime, and tramadol hydrochloride 50 mg 1 to 2 tablets every 4 to 6 hours for pain. The injured worker underwent an MRI of the knee without contrast. The documentation indicated the injured worker had failed all conservative measures. The injured worker had x-rays of the knee. The documentation of 07/02/2014 revealed the injured worker had a right knee lateral meniscus tear and mild to moderate degenerative joint disease of the right knee. Injured worker was experiencing more and more pain that was keeping her up at night. The pain limited activities and the knee was unstable and giving way. The injured worker had Synvisc which did not improve the knee. The injured worker had a cortisone injection which gave relief for a few weeks. The physician opined the only option is surgery. The injured worker agreed to an arthroscopic meniscectomy. The original date of request and rationale were not provided. There was no Request for Authorization for the requested DME.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME- Tens Dig Biostim Unit x lifetime use (purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The California Medical Treatment and Utilization Schedule guidelines recommend for ongoing treatment a one-month trial must document how often the unit was used, as well as outcomes in terms of pain relief and function and that it was used as an adjunct to ongoing treatment modalities with a functional restoration approach. Additionally, other ongoing pain treatment should be documented during the trial period including medication usage. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. The clinical documentation submitted for review failed to provide documented rationale for the purchase of the unit. There was no physician documentation requesting the purchase. There was a lack of documentation indicating the injured worker utilized the unit for a 1 month trial and had objective functional improvement and an objective decrease in pain. There was a lack of documentation of a decrease medication usage and there was a lack of documentation of a treatment plan with specific short and long term goals. Given the above, the request for DME TENS dig biostim unit x lifetime use (purchase) is not medically necessary.