

Case Number:	CM14-0167954		
Date Assigned:	10/15/2014	Date of Injury:	06/01/2009
Decision Date:	11/18/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/13/2014

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 patient is a 60 year old male who was injured on 06/01/2009. The mechanism of injury is unknown. Prior medication history included Gabapentin, Norco, and Soma. He has been treated conservatively with chiropractic care and acupuncture treatment. Progress report dated 09/19/2014 indicated the patient presented with complaints of increased swelling and pain over the left knee. He stated his left knee pain. He stated he has little pain with his medications and flares up when he walks up and down the stairs. He states when his knee pain is uncontrolled, it has caused him to fall over. He also complains of sciatica and worsening pain associated with burning, tingling and numbness. His pain is decreased with his medications. The patient was diagnosed with shoulder joint pain, ankle/foot pain; sacroiliac spine strain; lumbar degenerative disk disease, postlaminectomy syndrome; and lower leg pain. He reported no benefit from his injection. The patient has been recommended for a TENS unit with supplies. Prior utilization review dated 10/10/2014 states the request for TENS unit & supplies (rental or purchase) is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit & supplies (rental or purchase): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Transcutaneous Electrotherapy Page(s): 114-117.

Decision rationale: So far as can be determined from the records in this case, the patient has knee pathology with records indicating that he is a candidate for a total knee replacement. Therefore, the rationale behind the use of TENS in this case is unclear. The MTUS guidelines clearly delineate state that TENS is not indicated as a first line treatment. The evidence relating to efficacy is lacking (as described in these guidelines), and relevant to the present case, there is no evidence to indicate the usage of this modality for osteoarthritis on the knee. The prior denial clearly delineates the possible indications for TENS, and the documentation in this case fails to offer a reasonable rationale for its usage relating to the patient's knee complaints. Based on the MTUs guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.