

Case Number:	CM14-0178594		
Date Assigned:	10/31/2014	Date of Injury:	07/30/2014
Decision Date:	12/08/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/28/2014

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 Pain Management 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 27 year old with an injury date on 7/30/14. Patient complains of right knee pain and right ankle pain rated 8/10 per 8/11/14 report. Based on the 8/11/14 progress report provided by [REDACTED] the diagnoses are: 1. right proximal fibula avulsion type fracture with possible posterolateral corner injury and non-displaced lateral tibial plateau fracture 2. crush injury, right lower extremity Exam on 8/25/14 showed "right knee range of motion is 5-30 degrees." Patient's treatment history includes MRI of right knee on 8/9/14 with possible tear of popliteal fibular ligament in right knee, and unremarkable MRI of right ankle of same date. [REDACTED] is requesting one month home trial neurostimulator transcutaneous electronic nerve stimulation - TENS-EMS and two month supply (electrodes, battery and lead wires for TENS unit. The utilization review determination being challenged is dated 9/30/14. [REDACTED] is the requesting provider, and he provided treatment reports from 7/30/14 to 9/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

One month home-trial neurostimulator transcutaneous electrical nerve stimulation - electronic muscle stimulation (TENS-EMS) and two-month supplies (electrodes, batteries and lead wires) for TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (updated 08/25/14), TENS (transcutaneous electrical nerve stimulation)

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

Decision rationale: This patient presents with right knee pain and right ankle pain. The provider has asked for one month home trial neurotransmitter transcutaneous electronic nerve stimulation - TENS-EMS and two month supply (electrodes, battery and lead wires for TENS unit on 8/25/14. Regarding TENS units, MTUS guidelines allow a one month home based trial accompanied by documentation of improvement in pain/function for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple sclerosis. In this case, the patient does not have a diagnosis of Neuropathic pain, Phantom limb pain, CRPS, Spasticity or Multiple sclerosis. The requested TENS unit trial is not indicated for this type of condition. Furthermore, EMS or muscle stimulator is not supported per MTUS except for stroke rehab. Recommendation is for denial.