

Case Number:	CM14-0187367		
Date Assigned:	11/17/2014	Date of Injury:	06/30/2014
Decision Date:	01/06/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/10/2014

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 Emergency Medicine 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 46 year-old female, who sustained an injury on June 30, 2014. The mechanism of injury occurred when she slipped and fell on stairs. Diagnostics included April 28, 2014 right knee x-rays reported as showing patella lateralization and patellofemoral osteophyte. Treatments have included: chiropractic therapy, medications, right knee surgery, and Euflexxa injections. The current diagnoses are: elbow and wrist contusion, patella contusion. The stated purpose of the request for Neurostimulator TENS-EMS unit, one month home-based trial and TENS supplies for one month was not noted. The request for Neurostimulator TENS-EMS unit, one month home-based trial and TENS supplies for one month was modified for a one-month trial of a 2 lead unit on October 24, 2014. Per the report dated October 15, 2014, the treating physician noted complaints of right knee pain. Exam findings included right mild quadriceps atrophy, mild peripatellar tenderness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurostimulator TENS-EMS unit, one month home-based trial and TENS supplies for one month: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy / TENS, chronic pain (transcutaneous).

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

Decision rationale: The requested Neurostimulator TENS-EMS unit, one month home-based trial and TENS supplies for one month, is not medically necessary. Chronic Pain Medical Treatment Guidelines, TENS, chronic, (transcutaneous electrical nerve stimulation), pages 114 - 116, note "Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration." The injured worker has right knee pain. The treating physician has documented right mild quadriceps atrophy, mild peripatellar tenderness. The treating physician has not documented a current rehabilitation program, nor functional benefit from electrical stimulation under the supervision of a licensed physical therapist. The criteria noted above not having been met, Neurostimulator TENS-EMS unit, one month home-based trial and TENS supplies for one month is not medically necessary.