

Case Number:	CM15-0008240		
Date Assigned:	01/23/2015	Date of Injury:	03/11/2011
Decision Date:	03/23/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/14/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52-year-old male who reported an injury on 03/11/2011. The mechanism of injury was continuous trauma. The reported continuous trauma from the course of his employment was noted to result in injury to his right upper extremity, low back, and bilateral knees. His past treatments were noted to include pain medication, physical therapy, left knee surgery, postoperative physical therapy, modified duty, use of a knee brace, orthotics, and steroid injection. According to the previous peer review dated 01/12/2015, the injured worker's diagnoses included left shoulder impingement syndrome, chondromalacia of the right knee, and status post left knee repair. The review indicated that a consultation report dated 09/26/2013 indicated the injured worker had low back pain with radiating symptoms down the right leg. It also indicated that electrodiagnostic studies performed on 09/26/2013 revealed evidence of right S1 radiculopathy and possible left neuropathy across the knee and ankle and right neuropathy across the ankle. The review also indicated that the injured worker had undergone a 1 month trial of a combination transcutaneous electrical nerve stimulation (TENS) and electrical muscle stimulation (EMS) unit. Apparently, the injured worker reported use of this combination unit to be beneficial, especially at night and during weekends with reported decreased medication use and controlled pain. However, these referenced progress reports were not submitted for review. A 07/07/2014 progress report indicated that the injured worker's symptoms included persistent left shoulder pain and intermittent swelling and catching of the right knee. It was noted that the injured worker was participating in self directed exercises at the time of this visit. However, the TENS/EMS unit and its use were not discussed within this progress report. A request was

received for retrospective neurostimulator TENS/EMS unit and supplies for date of service 11/09/2013 through 07/01/2014. However, a specific rationale and details regarding this request were not included in the submitted medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective neurostimulator TENS EMS unit & supplies (rental or purchase) DOS: 11.9.13-7.1.14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

Decision rationale: According to the Official Disability Guidelines, use of a TENS unit may be recommended for chronic intractable neuropathic pain after a duration of at least 3 months when there is evidence that other appropriate pain modalities have been tried and failed. Following a 1 month trial period of a TENS unit, documentation should show that it was used as an adjunct to ongoing treatment modalities and was effective in terms of pain relief and improved function. Additionally, a treatment plan should include specific short and long term goals with use of a TENS unit. In regard to electrical muscle stimulation, the guidelines state this treatment is used primarily as a part of a rehabilitation program following stroke and there is no evidence to support its use for injured workers with chronic pain. The clinical information submitted for review did not indicate that the injured worker was being treated for stroke and that the requested unit was being used as a part of a rehabilitation program for this condition. Therefore, electrical muscle stimulation is not supported for this injured worker. In addition, while the documentation indicated that a 1 month trial had resulted in pain relief and decreased medication use, there was a lack of objective pain values before and after use, details regarding the frequency and duration of use, and specific functional improvement with use of the unit during the 1 month trial. In addition, there was no documentation regarding short and long term goals of use in the requested neurostimulator unit and there was inadequate documentation regarding ongoing effectiveness during the requested time from 11/09/2013 through 07/01/2014. Furthermore, the request as submitted failed to indicate the body region the TENS/EMS unit was being used to treat. For these reasons, the request is not medically necessary.