

Case Number:	CM15-0109612		
Date Assigned:	06/16/2015	Date of Injury:	10/18/2013
Decision Date:	07/22/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/08/2015

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: Pennsylvania, Ohio, 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 58 year old female who sustained an industrial injury on 10/18/13 while working as a deputy sheriff. The mechanism of injury is unclear. She currently complains of some achiness, stiffness and pain in the left knee. On physical exam of the left knee there was tenderness to palpation along the lateral and medial joint lines, positive patellofemoral crepitation and positive grind. Diagnoses include status post left knee diagnostic and operative arthroscopy (10/31/14) with severe tricompartmental osteoarthritis. Treatments to date include Monovisc viscosupplementation to the left knee that was greatly beneficial in controlling her symptoms; rest; ice; anti-inflammatories and analgesics; physical therapy. On 5/5/15 the treating provider requested transcutaneous electrical nerve stimulator unit for purchase as per the 5/4/15 progress note the injured worker has used a transcutaneous electrical nerve stimulator unit in the past with great relief of symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit, purchase: Upheld

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

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

Decision rationale: MTUS recommends a 1-month TENS trial as part of an overall functional restoration program for a neuropathic pain diagnosis. The records at this time do not document a neuropathic TENS diagnosis for which TENS would be indicated, nor do the records document an alternate rationale for this request. Additionally the nature, duration, and functional benefit of any prior TENS trial is unclear. Therefore a TENS rental and associated supplies are not medically necessary.