

Case Number:	CM15-0012250		
Date Assigned:	01/29/2015	Date of Injury:	12/04/2013
Decision Date:	03/25/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/21/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 30 year old male, who sustained an industrial injury on 12/04/2013. He has reported left knee pain. The diagnoses have included left knee pain and dysfunction; and lumbar sprain/strain. Treatment to date has included medications, acupuncture, and physical therapy. Medications have included Naproxen, Tramadol, Prilosec, and Menthoderm ointment. A progress note from the treating physician, dated 11/26/2014, documented a follow-up visit with the injured worker. The injured worker reported left knee pain with poor range of motion, and frequent low back pain, aggravated by activities. Objective findings included tender patellar facets and joint lines upon palpation of the left knee; walks with a limp on the left leg; and limited range of motion with pain. The treatment plan has included request TENS Unit; continue medications; pain management evaluation; moist heat treatment; strengthening exercise; and follow-up evaluation in four to six weeks. On 12/22/2014 Utilization Review noncertified 1 TENS Unit. The CA MTUS, Chronic Pain Medical Treatment Guidelines was cited. On 01/16/2015, the injured worker submitted an application for IMR for review of a TENS Unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
TENS: Chronic intractable pain Page(s): 116.

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

Decision rationale: According to MUTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. It could be recommended as an option for acute post operative pain in the first 30 days after surgery. There is no evidence that a functional restoration program is planned for this patient. There is no recent documentation of recent flare of neuropathic pain. There is no strong evidence supporting the benefit of TENS for back pain disorders. Therefore, the request of TENS Unit is not medically necessary.