

Case Number:	CM15-0114889		
Date Assigned:	07/09/2015	Date of Injury:	02/03/2015
Decision Date:	08/17/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/15/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 41-year-old man sustained an industrial injury on 2/3/2015. The mechanism of injury is not detailed. Diagnoses include bursitis sprain/tendinitis/De Quervain's, bilateral knee pain, and bilateral ankle tendinitis. Treatment has included oral medications, home exercise program, and physical therapy. Physician notes on a PR-2 dated 5/8/2015 show complaints of bilateral knee, Achilles tendon, and flexor-extender tendon pain rated 5-6/10. Recommendations include TENS unit for home use, ear nose and throat consultation, continue home exercise program, right knee ultrasound, Tramadol, Naproxen, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable medical equipment (DME) transcutaneous electrical nerve stimulation (TENS) (home unit): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<https://www.acoempracguides.org/HandandWrist>: Table 2, Summary of Recommendations, Hand and Wrist Disorders; <https://www.acoempracguides.org/Knee>: Table 2 Summary of Recommendations, Knee Disorders; <https://www.acoempracguides.org/AnkleandFoot>: Table 2, Summary of Recommendations, Ankle and Foot Disorders.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS
Page(s): 113-115.

Decision rationale: According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. The length of prior use was not noted. Length of future use and long-term use is not substantiated nor indicated in the guidelines. The request for a TENS unit is not medically necessary.