

Case Number:	CM15-0117099		
Date Assigned:	06/25/2015	Date of Injury:	10/02/2012
Decision Date:	07/24/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/17/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 55-year-old male, who sustained an industrial injury on 10/2/12. The injured worker was diagnosed as having right knee medial meniscus tear, right ankle avascular necrosis, left knee internal derangement, reactionary depression/anxiety, and left hip sprain/strain. Treatment to date has included right knee injections, physical therapy and medication including Norco and Anaprox. Currently, the injured worker complains of pain in the right foot and ankle, which limits mobility and activity tolerance. Right knee pain and back pain were also noted. The treating physician requested authorization for retrospective interferential unit/TENS unit purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: IF/TENS unit (Purchase): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Criteria for the use of TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Transcutaneous electrotherapy (2) Current Stimulation (ICS) Page(s): 114, 118-120.

Decision rationale: The claimant sustained a work injury in October 2012 and continues to be treated for low back and right foot and ankle pain. When seen, right knee surgery was pending and a right ankle fusion was being considered. There was knee and ankle tenderness with right knee crepitus. Medications were prescribed and he was referred for physical therapy. In terms of an interferential stimulation unit or TENS, a one-month home-based trial may be considered as a noninvasive conservative option. Criteria for continued use include documentation of a one-month trial period including how often the unit was used, as well as outcomes in terms of pain relief. In this case, there is no documented home-based trial. Therefore, this request is not medically necessary.