

Case Number:	CM15-0118690		
Date Assigned:	06/29/2015	Date of Injury:	06/20/2014
Decision Date:	07/29/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/19/2015

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: Preventive Medicine, Occupational 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 54 year old male who sustained an industrial injury on 6/20/14. Treatments include medication, physical therapy and surgery. Primary treating physician's progress report dated 5/2/15 reports continued right knee pain rated 8/10. Medication and TENS unit both provide relief. Work status is temporary total disability remain off work from 5/2/15 to 7/5/15. Plan of care includes: acupuncture for right knee trial 2 times per week for 4 weeks and TENS unit rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit 30 day trial: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 115-117.

Decision rationale: MTUS Guidelines support a 30 day trial of a TENS unit for chronic pain. It is documented that a trial in physical therapy was beneficial on a sort term basis and a home trial is requested. Guidelines have very specific criteria that needs to be meet to support longer term use, but under these circumstances a trial is supported by Guidelines and is medically necessary.

Additional Acupuncture 3 times a week for 2 months for the Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 6: Pain, Suffering, Restoration of Function, page 114.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS Guidelines support up to 6 sessions of acupuncture under most circumstances. Under exceptional circumstances, additional sessions can be justified. Both the ongoing use of the TENS unit and/or acupuncture would be dependent upon its individual basis for improvement and initiating both at the same time would make in impossible to evaluate for its individual efficacy. In addition, the request for 24 sessions far exceeds what is Guideline recommended and there are no unusual circumstances to justify an exception. The additional Acupuncture 3 times a week for 2 months for the Right Knee is not supported by Guidelines and is not medically necessary.