

Case Number:	CM15-0126546		
Date Assigned:	07/13/2015	Date of Injury:	12/17/2013
Decision Date:	08/06/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/30/2015

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, Alabama, 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:

This 48 year old male sustained an industrial injury on 12/17/13. He subsequently reported right knee pain. Diagnoses include status post right knee arthroscopy and chondral injury to the right medial femoral condyle. Treatments to date include x-ray and MRI testing, work restrictions, physical therapy and prescription pain medications. The injured worker continues to experience right knee pain. Upon examination, there was significant atrophy of the quadriceps muscle. The injured worker experiences weakness and buckling and is ambulating with a cane. Range of motion was diminished. A request for EMPI Phoenix Electrotherapy System x90-day rental was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMPI Phoenix Electrotherapy System x90-day rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy TENS-transcutaneous electrical nerve stimulation. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: According to MTUS 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. 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 knee pain disorders. Therefore, the prescription of EMPI Phoenix Electrotherapy System x90-day rental is not medically necessary.