

Case Number:	CM15-0129980		
Date Assigned:	07/16/2015	Date of Injury:	06/22/2011
Decision Date:	08/12/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/06/2015

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 62 year old male sustained an industrial injury to the right knee on 6/22/11. Documentation did not disclose recent magnetic resonance imaging. Previous treatment included right knee meniscectomy, physical therapy, bracing, injections, hot and cold wrap, four-lead transcutaneous electrical nerve stimulator unit, and medications. In a follow up evaluation dated 6/2/14, the injured worker complained of frequent knee pain and stiffness that woke him up from sleep. The injured worker reported a sense of stiffness and weather effects with swelling, occasional buckling and limping. The injured worker could not squat or reach up and down. The injured worker had limitations with pushing, pulling and lifting. Physical exam was remarkable for tenderness to palpation along the lateral facet and patella with positive McMurray's test. Physical exam was remarkable for internal derangement of the right knee and chronic pain syndrome. The treatment plan included medications (Naproxen Sodium, Protonix, Tramadol ER, Trazodone and Norco), a conductive garment for his transcutaneous electrical nerve stimulator unit and a ten panel urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable medical equipment (DME) conductive garment for transcutaneous electrical nerve stimulation (TENS) unit (purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous Electrical Nerve Stimulation Page(s): 114-116.

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. There is no clear information about a positive one month trial of TENS. There is no evidence of functional improvement and reduction in medication usage from the previous use of TENS unit. Therefore, the prescription of conductive garment for TENS unit (purchase) is not medically necessary.

Ten (10) panel urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids, pain treatment agreement; Opioids, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 77-78; 94.

Decision rationale: According to MTUS guidelines, urine toxicology screens is indicated to avoid misuse/addiction. "(j) Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." There is no evidence that the patient have aberrant behavior for urine drug screen. There is no clear evidence of abuse, addiction and poor pain control. There is no documentation that the patient have a history of use of illicit drugs. Therefore, the request for 10 panel Urine drug screen is not medically necessary.