

Case Number:	CM15-0174273		
Date Assigned:	09/16/2015	Date of Injury:	09/08/2014
Decision Date:	10/23/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/04/2015

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: Texas, New York, 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 applicant is a represented 49-year-old who has filed a claim for chronic neck, shoulder, low back, and knee pain reportedly associated with an industrial injury of September 8, 2014. In a Utilization Review report dated August 12, 2015, the claims administrator failed to approve a request for a 4-lead TENS unit. A July 23, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On said July 23, 2015 office visit, the applicant reported multifocal complaints of elbow, knee, shoulder, low back, and neck pain. The applicant was working regular duty, it was reported. Multiple medications were renewed. The applicant was returned to regular duty work. A 4-lead TENS unit with associated conductive garment were seemingly sought on a purchase basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Lead TENS unit for bilateral knees, unknown purchase or rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: No, the request for 4-lead TENS unit for the bilateral knees is not medically necessary, medically appropriate, or indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, a 2-lead TENS unit is generally recommended. The attending provider should furnish documentation why a 4-lead TENS unit is medically necessary, page 116 of the MTUS Chronic Pain Medical Treatment Guidelines further notes. Here, however, the attending provider failed to furnish a clear or compelling rationale for provision of 4-lead TENS unit in favor of the more conventional 2-lead TENS unit endorsed on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines. Page 116 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that a TENS unit be employed on a one-month trial basis before a requested purchase of the same is initiated. Here, however, the attending provider's request was ambiguous and seemingly suggested on July 23, 2015 that the TENS unit was being proposed on a purchase basis without having the applicant first undergo a one-month trial of the same. Therefore, the request is not medically necessary.