

Case Number:	CM15-0177039		
Date Assigned:	09/17/2015	Date of Injury:	03/03/2010
Decision Date:	10/27/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	09/09/2015

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: Physical Medicine & Rehabilitation

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 49 year old male, who sustained an industrial injury on 3-03-2010. The injured worker was diagnosed as having closed fracture of unspecified part of tibia alone, sprains and strains of unspecified site of shoulder and upper arm, effusion of joint, lower leg, diabetes, and sexual dysfunction. Treatment to date has included diagnostics, open reduction and internal fixation of left tibial plateau fracture, subsequent removal of hardware, and medications. Currently (7-27-2015), the injured worker complains of transcutaneous electrical nerve stimulation unit malfunctioning. Objective findings noted blood pressure 112 over 65, pulse 85, and weight 165. The injured worker's current and-or prior use of a transcutaneous electrical nerve stimulation unit was not described. The treatment plan included alcohol swabs and a transcutaneous electrical nerve stimulation unit with supplies. On 8-06-2015, Utilization Review certified the request for alcohol swabs and modified transcutaneous electrical nerve stimulation to a 30 day trial of a 2 lead generic transcutaneous electrical nerve stimulation unit. The Agreed Medical Evaluation (7-23-2015) referenced reports in which his diabetes was considered at least 50% work related. The AME report noted complaints of left knee pain, rated 10 out of 10, bilateral ankle pain upon ambulation, right knee pain from favoring left leg, problems sleeping due to pain, and problems with diabetes. The injured worker reported difficulties with activities of daily living, left knee brace, and reliance on a crutch for ambulation. Qualified Medical Evaluation (2-03-2015) noted that future medical care should include medications and supplies relating to his diabetes.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit: 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: The patient presents on 07/27/15 with unspecified complaints, noting that the current TENS unit is malfunctioning. The patient's date of injury is 03/03/10. The request is for TENS UNIT. The RFA is dated 07/27/15. Physical examination dated 07/27/15 does not include any remarkable findings. The patient's current medication regimen is not provided. Patient's current work status is not provided. MTUS Guidelines, Transcutaneous electrotherapy section, page 114-116, under Criteria for the use of TENS states: "A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Chronic intractable pain (for the conditions noted above): Documentation of pain of at least three months duration; There is evidence that other appropriate pain modalities have been tried (including medication) and failed; A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial; Other ongoing pain treatment should also be documented during the trial period including medication usage; A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted; A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary." In this case, the provider is requesting a replacement TENS unit for this patient's chronic pain. Per progress note dated 07/27/15, the provider notes that this patient's TENS unit is malfunctioning and is requesting a replacement, though fails to elaborate on exactly how the unit is malfunctioning. A careful review of the records provided does not include any documentation of prior TENS unit efficacy, or provide any further discussion regarding the malfunctioning unit. Though this patient has previously been issued a TENS unit and is requesting a replacement due to unspecified malfunction, there is no documentation of prior use and efficacy provided to warrant a replacement unit. Without discussion regarding prior efficacy and a clearer picture of the nature of the current TENS unit malfunction, a replacement unit cannot be substantiated. Therefore, the request IS NOT medically necessary.