

Case Number:	CM13-0023552		
Date Assigned:	11/15/2013	Date of Injury:	09/18/2009
Decision Date:	01/07/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 physician 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/services.

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 underlying date of injury in this case is 09/18/2009. The primary treating diagnosis is a medial meniscus tear of the knee. Additional treating diagnoses include a complete rotator cuff tear and also carpal tunnel syndrome. An initial physician review notes that this patient has a history of bilateral carpal tunnel releases as well as a left rotator cuff repair, right knee arthroscopy, and left total knee arthroplasty. That review notes the patient has been reported to have intolerance of anti-inflammatory medications with ongoing pain in both knees and the shoulder. That physical review also reports additional diagnoses including cervical radiculopathy, myofascial cervicalgia, and anxiety. That initial physician review notes that it is not clear from the records to which structure the TENS would be applied or whether there had been a successful trial of TENS prior to purchase. Therefore, that physician review recommended that the request for a TENS unit be non-certified. A treating physician note of 08/20/2013 provides detail regarding the request for a TENS unit. The treating physician notes that the prior request was denied pending additional information. The physician notes it is not clear what additional information is needed to provide the patient with a TENS unit. The treating physician notes that the patient has a history of right knee surgery and that the patient continues to be in pain and that pain medication was not adequate to improve the pain. The treating physician indicated that if additional information is needed then the request should be more specific as there is not much more information needed about the TENS unit since it reduces pain and this patient has significant pain and would like to decrease her symptoms.

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 Treatment Guidelines.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines, section on transcutaneous electrical nerve stimulation, page 114, state, "A one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration" for neuropathic pain. Additionally, I note that the California Medical Treatment Utilization Schedule definition section 9792.20 states, "Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured on the history and physical exam performed and documented." The treating physician has requested more specificity as to what additional information was required to support the use of a TENS unit. Consistent with the treatment guidelines, first, the medical records should document a neuropathic pain diagnosis to be treated with TENS. Second, the medical records should request or document an initial one-month home TENS trial before purchase of a TENS unit. Third, the medical records should document the results of that TENS trial, including specific functional improvement as per the California guidelines, in order to support the necessity of purchase of a TENS unit. In this case, it is not clear that a TENS unit has been requested for neuropathic pain, it is not clear that there has been a trial of a TENS unit before a request for purchase, and it is not clear that there are specific functional goals to the patient's current treatment program. For these reasons, this request for a TENS unit is not supported by the guidelines. This request is not medically necessary.