

Case Number:	CM13-0026728		
Date Assigned:	11/22/2013	Date of Injury:	05/14/2004
Decision Date:	01/28/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	09/19/2013

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 Anesthesiology, has a subspecialty in Pain Medicine 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 59-year-old male who reported an injury on 05/14/2004. The patient developed chronic bilateral knee pain. The patient was treated conservatively with physical therapy, medications, and injections. The most recent clinical documentation provides the patient previously participated with physical therapy that provided the use of a TENS unit. The patient reported 50% pain reduction and increased functional capabilities during therapy. The patient's most recent clinical exam findings included bilateral knee pain rated at 5/10. It is noted within the documentation the patient is participating in a home exercise program to include walking and independent exercises. The patient's most recent clinical exam findings included slight left knee effusion, limited range of motion from 0 degrees to 130 degrees in flexion bilaterally, and positive patellofemoral crepitus bilaterally. The patient's diagnoses included osteoarthritis of the knee and chondromalacia of the knee. The patient's treatment plan included independent exercise program to include gym usage and a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit trial for 30 days for the bilateral knees: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114.

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

Decision rationale: The requested TENS unit trial for 30 days for the bilateral knees is medically necessary. The clinical documentation submitted for review does provide evidence that the patient has chronic bilateral knee pain. California Medical Treatment Utilization Schedule does recommend a trial of a TENS unit as an adjunct therapy to a Functional Restoration Program. The clinical documentation submitted for review does provide evidence that the patient participates in a home exercise program and plans to engage in an independent exercise program in conjunction with a TENS unit. It is noted the patient previously undergone physical therapy that used a TENS unit as an adjunct therapy that provided 50% pain relief and increased function. As the patient does have chronic pain and is participating in a Functional Restoration Program that would benefit from the adjunct therapy of a TENS unit, a 30 days trial would be indicated. As such, the requested TENS unit trial for a 30 days for the bilateral knees is medically necessary and appropriate.