

Case Number:	CM13-0027877		
Date Assigned:	12/18/2013	Date of Injury:	01/12/2007
Decision Date:	01/27/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/23/2013

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 and Pain Medicine and is licensed to practice in Florida. 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:

This patient is a 54-year-old female who reported an injury on 01/12/2007. The mechanism of injury is indicated as rolling a bottle of gas when the patient twisted the right knee and the patient's foot became entangled between 2 pallets. The patient was evaluated on 10/17/2013 with notes indicating that the patient had complained of recurrent pain to the right knee. The notes indicated the patient continued to have considerable atrophy to the quadriceps as well as pain especially with any kind of bending of the knee and with knee extension. On physical examination, the patient had point tenderness to the anteromedial and anterolateral fat pad area and was able to extend the knee passively in full extension. The patient was able to flex the knee to 120 to 130 degrees without difficulty but has great difficulty contracting the quadriceps and pain associated with quadriceps contraction with any kind of weight-bearing. Additionally, it was indicated the patient was on a secondary basis developing increased pain involving the bilateral hips and lower back as well as left knee. The clinical notes indicate that this patient is status post a tibial tubercle osteotomy with prior clinical notes from 09/11/2013 indicating a recommendation that the patient would benefit with a stimulator device for purchase due to chronic quadriceps weakness which is a limiting factor.

IMR ISSUES, DECISIONS AND RATIONALES

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

The purchase of a portable TENS stimulator: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 117.

Decision rationale: CA MTUS states that criteria for the use of TENS unit includes: chronic intractable pain; documentation of pain of at least three months duration; evidence and that other appropriate pain modalities have been tried 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; that 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. The documentation submitted for review details a postoperative report which indicates the recommendation for the patient to have a portable stimulator unit purchase as the patient would require a device for several months. The patient was also recommended for physical therapy 2 times a week for 6 weeks. However, the guideline criteria indicate that the use of a TENS unit is for documented pain of at least 3 months duration after evidence that other appropriate pain modalities have been tried and failed and following a 1 month trial of the device. This is not clearly demonstrated in the clinical notes submitted for review and there is no indication that other appropriate modalities of treatment have failed. Given the above, the decision for portable TENS stimulator purchase is not medically necessary and appropriate.