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| Case Number: | CM13-0030239 | | |
| Date Assigned: | 11/27/2013 | Date of Injury: | 04/17/2011 |
| Decision Date: | 03/26/2014 | UR Denial Date: | 09/09/2013 |
| Priority: | Standard | Application Received: | 09/30/2013 |

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 & 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. 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 44 year-old female sustained an injury on 4/17/11 while employed by [REDACTED]. Per physical therapy report by [REDACTED] from [REDACTED] office dated 9/9/13, the patient complained of intermittent mild to moderate left knee pain aggravated by weight bearing activities and has been cleared for therapeutic exercises. Exam findings include three bandaged surgical wounds, ecchymosis at medial infra-patellar surgical incision, range flex to 125 degrees and 0 degrees with pain at end-ranges; palpatory tenderness at peri-patellar region with moderate swelling at infra-patellar region; muscle weakness 4-/5 at quadriceps and hamstrings. Diagnoses included Left knee sprain/strain; Meniscus ligament tear. Treatment plan included exercise regimen with myofascial release along with use of interferential current and she remains off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Transcutaneous Electrical Nerve Stimulation (TENS) device: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, this 44 year-old female sustained an injury on 4/17/11 while employed by [REDACTED] and continues to treat for chronic pain. It appears, she is s/p arthroscopic knee surgery per operative report of 8/6/13 from [REDACTED]. Current consideration is for the home TENS Unit. It appears the patient has received extensive conservative treatment to include medications, modified work and rest, and physical therapy with note on 9/9/13 from [REDACTED] from [REDACTED] reporting the patient with continued pain; however, knee range has 125 degrees flexion/ 0 degrees extension with plan for further physical therapy with interferential current. There is no documentation on what Home TENS unit is requested, whether this is for rental or purchase, nor is there any documented short-term or long-term goals of treatment with the TENS unit. Submitted reports have not adequately addressed or demonstrated any functional benefit or pain relief as part of the functional restoration approach to support the request for the Home TENS Unit. There is no evidence for change in work status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the physical therapy treatment already rendered. The Home Transcutaneous Electrical Nerve Stimulation (TENS) device is not medically necessary and appropriate.