

Case Number:	CM13-0033729		
Date Assigned:	03/19/2014	Date of Injury:	04/16/2007
Decision Date:	08/11/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/10/2013

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. The expert reviewer is Board Certified in Occupational 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 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/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 40-year-old female who has submitted a claim for lateral meniscus tear associated with an industrial injury date of April 16, 2007. Medical records from 2013 were reviewed, the latest of which dated September 4, 2013 revealed that the patient reports bilateral achiness of the knees. Prolonged standing causes increase in bilateral knee pain rated 7/10, left more than the right. The patient uses Norco, Relafen and Kapsihot cream during flare-ups. Bicycle riding exacerbates the bilateral knee pain. On physical examination, gait is normal and there is no limitation in range of motion in both knees. Treatment to date has included right knee arthroscopy with debridement of the anterior and medial compartment (2007), physical therapy, walker, acupuncture, TENS trial, and medications which include Norco, Kapsihot cream, Relafen Utilization review from September 13, 2013 denied the request for TENS PADS, REFILL FOR BILATERAL KNEES because it was not clear that the TENS trial was successful and no TENS treatment plan was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS PADS, REFILL FOR BILATERAL KNEES: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 114-116.

Decision rationale: As stated on pages 114-116 of the CA MTUS Chronic Pain Medical Treatment Guidelines, 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 and that other ongoing pain treatment should also be documented during the trial period including medication. In addition, a treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. In this case, a one-month trial of TENS was done in October 2010; however, the frequency of use and the outcome of the trial are unknown due to lack of documentation. The goals of TENS treatment is not documented. The medical necessity for TENS pads was not established. Therefore, the request for TENS PADS, REFILL FOR BILATERAL KNEES is not medically necessary.