

Case Number:	CM13-0042760		
Date Assigned:	12/27/2013	Date of Injury:	01/19/2009
Decision Date:	02/21/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/18/2013

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 Occupational Medicine and is licensed to practice in Mississippi. 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 claimant is a 61 year old female with date of injury 01/19/2009. Progress note dated 9/18/2013 and 8/16/2013 indicate that the claimant complained of low back pain with left knee pain, and now left ankle pain. She has radicular symptoms to her lower extremity. There is sharp stabbing pain into the left leg. There is left knee pain worse with weight bearing, bending and squatting. On exam there is a mild antalgic gait favoring the left lower extremity. There is lumbar tenderness to palpation (bilateral) with increased muscle rigidity. There were numerous trigger points palpable and tender throughout the lumbar paraspinal muscles. There was noted muscle guarding with range of motion testing. Range of motion of lumbar spine was Flexion 45 degrees, Extension 15 degrees, Left Lateral Bending 20 degrees, Right Lateral Bending 20 degrees. Sensory with Wartenberg pinprick wheel is decreased in the posterolateral thigh and lateral calf at the L5 or S1 distribution. The straight leg raise in modified sitting position is positive at 60 degrees bilaterally, causing axial back pain and radicular symptoms. Past surgical history: 1) status post left arthroscopic medial meniscus repair (2/5/2009), 2) status post left arthroscopic knee surgery for lateral meniscus repair (12/4/2011), 3) status post bilateral carpal tunnel release (2000), 4) status post right shoulder arthroscopy (2001), 5) status post hysterectomy (1998). Diagnoses include: 1) internal derangement left knee status post arthroscopy x2, 2) lumbar myoligamentous injury with left lower extremity radiculopathy, 3) reactionary depression/anxiety 4) medication induced gastritis. Medications include Tramadol, Ultram, Naprosyn, Prednisone, Imuran, Metformin. She also has intermittent spinal injections, and gets good benefit from trigger point injections for about two weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

The purchase of TENS unit of the left knee: Overturned

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): 114-115.

Decision rationale: The claimant is reportedly asking for a TENS unit, having used one previously with good benefit. The request is for purchase of a TENS unit, stating that the claimant suffers from chronic pain and has tried conservative treatment, physiotherapy and several medications. She was previously approved for a 1 month trial, and on 12/18/2013, it is reported that the 1 month trial was very beneficial. The guidelines states that TENS therapy is not recommended as a primary treatment modality, but 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. The prescribing provider does report that a one month trial provided benefit to the claimant. The claims administrator reports that this was discussed as an option prior to approving purchase of the TENS unit. This plan is supported by these guidelines. The request to purchase TENS unit is determined to be medically necessary.