MAXIMUS Federal Services

Case Number:	CM13-0053016		
Date Assigned:	12/30/2013	Date of Injury:	06/10/1996
Decision Date:	03/14/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/18/2013

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 Physical Medicine and Rehabilitation, 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:

This is a 47-year-old male who sustained injury on 06/10/1996. His treatment history included physical therapy, medications, injections (steroid and viscosupplementation), and right knee arthroscopic surgeries in 2003 and on 04/08/2013. A MRI of right knee dated 07/18/2012 showed severe chondromalacia patella. A clinic note dated 10/28/2013 indicates he presented with complaints of stiffness, achiness, and pain involving the right knee with difficulties ascending and descending stairs. The examination of right knee showed well-healed arthroscopic portals with trace effusion. Range of motion lacks 5 degrees of extension to 125 degrees of flexion. There was patellofemoral crepitation with positive grind and pain with deep squat. Exam of left knee revealed range of motion 0 to 120 degrees, positive patellofemoral crepitation, positive grind test and pain with deep squat. Treatment plan was Kenalog and Synvisc injection for right knee, avoid strenuous activities, use ice and anti-inflammatories and elevate the right knee. The current review is use of 1 TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tens Unit (Cypress Care) qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-117.

Decision rationale: As per the CA MTUS guidelines, it is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. As per the guidelines criteria for the use of the TENS unit, there should be evidence that other appropriate pain modalities have been tried and failed including medications. The provider report dated 10/28/2013 did reveal that he had significant improvement in pain and functional capacity as the result of the previous injections. Additionally, the guidelines indicate that a treatment plan of short-term or long-term use of TENS unit should be submitted. There is no documentation regarding the length of the use of TENS unit submitted. Therefore, the request is non-certified.