

Case Number:	CM14-0000078		
Date Assigned:	01/10/2014	Date of Injury:	05/21/2012
Decision Date:	06/13/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/31/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 29-year-old female who reported an injury on 05/21/2012. The injured worker reportedly struck her left knee on the side of a table. The current diagnoses include status post left knee arthroscopy on 08/07/2013 and right knee patellofemoral arthralgia secondary to over compensation. The injured worker was evaluated on 10/02/2013. The injured worker reported significant improvement following 12 sessions of postoperative physical therapy for the left knee. The injured worker currently utilizes an Orthostim unit on a daily basis. Physical examination of the left knee revealed minimal tenderness to palpation with 0 to 132 degree range of motion. The treatment recommendations at that time included a request for authorization for a transcutaneous electrical nerve stimulation (TENS) unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 TENS UNIT BETWEEN 11/13/2013 AND 2/8/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

Decision rationale: The California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality but a 1 month home based trial may be considered as a noninvasive conservative option. There should be documentation of chronic intractable pain with a failure to respond to appropriate pain modalities. As per the documentation submitted for review, the injured worker reported significant improvement following 12 sessions of postoperative physical therapy and treatment with an Orthostim unit. Therefore, there is no evidence that other appropriate pain modalities have been tried and failed. There is no evidence of a successful 1 month trial. There is also no evidence of a treatment plan including the specific short and long term goals of treatment with the transcutaneous electrical nerve stimulation (TENS) unit. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.