

Case Number:	CM14-0004301		
Date Assigned:	02/05/2014	Date of Injury:	05/27/2013
Decision Date:	06/20/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/11/2014

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, has a subspecialty in Interventional Spine, 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 34 year old male with an injury date of 05/27/13. Based on the 12/16/13 progress report provided by [REDACTED], the patient complains of moderate sharp pain in the right knee with a small meniscus tear and back pain. Palpation reveals tenderness throughout the knee. The pain is better localized to the medial compartment, with a positive McMurray medially. The patient is diagnosed with loc prim osteoart- 1/leg and derang med meniscus NEC. The 07/20/13 MRI of the right knee reveals the following: 1.Small horizontal tear medial meniscus, questioned undersurface irregularity 2.Extensor mechanism teninosis The utilization review determination being challenged is dated 12/26/13. [REDACTED] is the requesting provider, and he provided treatment reports from 06/26/13- 01/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE/RENTAL TENS UNIT FOR HOME USE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, Page 114 and TENS, chronic pain (transcutaneous electrical nerve).

Decision rationale: According to the 12/16/13 report by [REDACTED], the patient presents with moderate sharp pain in the right knee with a small meniscus tear and back pain. The request is for purchase/rental TENS unit for home use. There is no indication in the reports that the patient has had a 30 day trial of the TENS unit. Per MTUS guidelines, TENS units have no proven efficacy in treating chronic pain and are not recommend as a primary treatment modality, but a one month home based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, or Multiple Sclerosis. MTUS also quotes a recent meta-analysis of electrical nerve stimulation for chronic musculoskeletal pain, but concludes that the design of the study had questionable methodology and the results require further evaluation before application to specific clinical practice. The patient does not present with any of the diagnoses that MTUS allows for the trial of TENS unit (i.e. neuropathic pain, CRPS type II, phantom pain, MS, etc) Furthermore, when a TENS unit is indicated, a 30-day home based trial is recommended first before purchase. Recommendation is for denial. The purchase/rental TENS unit for home use is not medically necessary.