

Case Number:	CM14-0005075		
Date Assigned:	02/05/2014	Date of Injury:	04/01/2009
Decision Date:	06/20/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/14/2014

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 Orthopedic Surgery 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 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 claimant is a 45-year-old female who was injured on April 1, 2009. The injured is documented as having right knee pain. The claimant is documented as being status post right total knee arthroplasty radiographs from April 24, 2013 documents that the replacement is in proper alignment. The physical therapy document dated June 27, 2013 indicates that the total knee arthroplasty was performed in November 2012. The claimant had complaints of continued stiffness and noted a repeat operative intervention for scar tissue following the total knee arthroplasty. Despite these interventions the claimant has continued stiffness and pain in the right knee. The examination from June 25, 2013 documents range of motion of the right knee from 0 to 120° flexion and indicates that there is no weakness with strength testing of the knee. The utilization review in question was rendered on December 31, 2013. The reviewer indicates that a TENS unit and continued use of muscle stimulator were previously requested and it was unclear if these were for rental or purchase. The TENS unit is denied on the basis of lack of a current functional restoration program, a concurrent use of muscle stimulator which would invalidate the TENS trial, and a lack of medical necessity supported by the records.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME-TENS UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TENS - TRANSCUTANEOUS ELECTROTHERAPY, 113-117

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TENS, CHRONIC PAIN, 114-116

Decision rationale: The Chronic Pain Medical Treatment Guidelines, outlines specific criteria for the utilization of a TENS unit including documentation of ongoing pain in a specific treatment plan providing both the short and long-term goals of treatment with the TENS unit. When taking into account the physical examination does document above, the claimant repeatedly has subjective complaints of dimensioning range of motion and strength, the examination revealing strength retained and range of motion is very reasonable following total knee arthroplasty from 0 to 120°. After review of the documentation provided, the clinician does not specifically outline the treatment goals for utilization of the TENS unit and given the physical examination findings the request is not medically necessary.