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| Case Number: | CM14-0007583 | | |
| Date Assigned: | 02/10/2014 | Date of Injury: | 08/30/2012 |
| Decision Date: | 07/29/2014 | UR Denial Date: | 12/30/2013 |
| Priority: | Standard | Application Received: | 01/21/2014 |

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 Occupational 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 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 59-year-old male who has submitted a claim for status post right lateral meniscectomy, synovectomy and lateral retinacular release; status post industrial right knee injury; and post-op hemarthrosis associated with an industrial injury date of August 30, 2012. Medical records from 2013-2014 were reviewed. The patient complained of persistent right knee pain. Physical examination showed decreased passive patellar tilt and side-to-side passive patellar translation. There was lateral joint line pain with McMurray's testing and lateral joint line tenderness. There was mild effusion and parapatellar tenderness. MRI of the right knee, dated July 2, 2013, revealed right lateral meniscus tear, osteochondral lesion with marrow edema on the lateral femoral condyle, moderate chondromalacia in the central trochlear groove, and 5cm Baker's cyst. Treatment to date has included medications, physical therapy, home exercise program, activity modification, and right knee arthroscopy with partial lateral meniscectomy, synovectomy, and lateral retinacular release. Utilization review, dated December 30, 2013, denied the request for electrical stimulation unit for 90 days post-op because there was no evidence to support its use in chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTRICAL STIMULATION UNIT FOR 90 DAYS POST OPERATIVE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, post operative pain (transcutaneous electrical nerve stimulation) Page(s): 116-117.

Decision rationale: According to page 116 of the Chronic Pain Medical Treatment Guidelines, transcutaneous electrical nerve stimulation (TENS) is recommended as a treatment option for acute post-operative pain in the first 30 days post-surgery. TENS appears to be most effective for mild to moderate thoracotomy pain but has been shown to be of lesser effect or not at all for other orthopedic procedures. The proposed necessity of the unit should be documented upon request. Rental would be preferred over purchase during this 30-day period. In this case, the patient underwent arthroscopic right lateral meniscectomy, synovectomy, and lateral retinacular release on January 16, 2014. The rationale for the request was to assist the patient in post-operative muscle re-education, and managing swelling, edema, and pain. The medically necessity has been established. However, guidelines only recommend its use in the first 30 days post-surgery. Moreover, the present request failed to indicate whether this would be a purchase or a trial of the unit. Therefore, the request for Electrical Stimulation Unit for 90 days post operative is not medically necessary.