

Case Number:	CM14-0007793		
Date Assigned:	02/07/2014	Date of Injury:	05/10/2012
Decision Date:	07/07/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/17/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 65-year-old female who has submitted a claim right little finger laceration and strain, left knee contusion and strain rule out internal derangement, posterior horn medial meniscal tear of the left knee, and rule out stress, depression and anxiety associated with an industrial injury date of May 10, 2012. Medical records from 2013 were reviewed showing the patient having persistent pain on the left knee. The pain was characterized as sharp, located in the infrapatellar regional and lateral joint line. She rates her pain 2-7/10. She reports occasional painful giving way approximately 2-3 times a week when walking but she has not fallen. She denies subsequent injuries. The pain increases with kneeling, squatting, prolonged standing and walking, stair climbing, and walking on uneven surface. Physical examination of the left knee showed patellofemoral pain. Joint line tenderness was noted, medial more than lateral. There is mild increased temperature of the lateral joint line of the left knee. McMurray's test is positive in the medial joint line. There is crepitation and limitation on range of motion on both knees. Patellar grinding test is 1+ bilaterally. X-ray of the left knee done on September 11, 2013 showed degenerative osteophytes at the femoral and tibial condyles and at the anterior and posterior aspects of the patella. There was also degenerative osteosclerosis of the medial tibial plateau with associated narrowing of the medial knee joint space. Treatment to date has included medications, activity modification and physical therapy. Utilization review, dated December 27, 2013 denied the request for one month home-based trial of Neurostimulator TENS-EMS (with supplies) because neuromuscular electrical stimulation devices (NMES) are used primarily as part of a rehabilitation program following stroke and there is 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:

ONE MONTH HOME-BASED TRIAL OF TRANSCUTANEOUS ELECTRICAL NEURAL STIMULATION(TENS)- ELECTRICAL MUSCLE STIMULATION(EMS):
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation Page(s): 114-116.

Decision rationale: As stated on page 114-116 of the Chronic Pain Medical Treatment guidelines, TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. Criteria for the use of TENS unit include chronic intractable pain - pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. In this case, patient had left knee pain since 2012. It was stated in the medical records that the TENS/EMS device was being prescribed to relieve, prevent and/or help with stabilizing the pain, increase strength, reduce pain, and increase range of movement. However, there was no documentation regarding failure of other ongoing treatment modalities or medications being used. A treatment plan concerning the use of the TENS-EMS unit was also not found in the documentation. The request likewise failed to specify body part to be treated, and if the device is for rental or purchase. The guideline criteria have not been met. Therefore, the request for one month home-based trial of transcutaneous electrical neural stimulation(TENS)- electrical muscle stimulation (ems) is not medically necessary.