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| Case Number: | CM14-0008515 | | |
| Date Assigned: | 02/12/2014 | Date of Injury: | 09/28/2011 |
| Decision Date: | 08/04/2014 | UR Denial Date: | 01/03/2014 |
| 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 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:

This is a 60-year-old male with a 9/28/11 date of injury to the right knee. He underwent a total knee arthroplasty (TKA) revision on 2/20/13 and 12 sessions of postoperative physical therapy. A postoperative weight bearing film revealed good hardware alignment and mild pre-patellar atrophy. Significant quadriceps atrophy was noted throughout his course of physical therapy and more physical therapy was recommended, but it is unclear if he received further therapy. He was seen on 12/23/13 with ongoing right knee complaints including pain and weakness. Exam findings revealed an antalgic gait, flexion of the right knee to 125 degrees, and moderate to severe quadriceps atrophy. There was no instability or effusion noted. The treatment plan was to work the patient up for infection or loosening of the right knee and a discussion is noted about another possible revision. A TENS unit was requested for the persistent quadriceps atrophy. The patient was noted to be on temporary total disability. He was given Percocet for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

A TENS unit and supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-115.

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that 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. 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. The Chronic Pain Medical Treatment Guidelines state that a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function and that other ongoing pain treatment should also be documented during the trial period including medication. This patient had a right total knee arthroplasty revision more than a year ago with 12 known sessions of physical therapy post operatively. Severe quadriceps atrophy was noted at that time, and it was recommended that the patient continue physical therapy beyond his twelve sessions. There is no documentation to support that any other therapeutic modalities took place for his quadriceps atrophy since his postoperative physical therapy. He is only noted to be taking Percocet for pain. Furthermore, the request is not clear, as a TENS unit for purchase requires a 30 day trial first to assess for benefit. A TENS unit alone without physical therapy or another conditioning modality is unlikely to yield any favorable results and there is no documentation that the TENS unit will be used in conjunction with another therapeutic modality. Given this, the request for a TENS unit with supplies is not medically necessary.