

Case Number:	CM14-0106915		
Date Assigned:	08/01/2014	Date of Injury:	05/20/2011
Decision Date:	09/10/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/10/2014

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, Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 46-year-old male who reported an injury on 05/20/2011. The mechanism of injury was not provided in the medical records. Diagnoses included left knee pain, left ACL tear, and status post ACL reconstruction. Previous treatments were noted to include surgery, NSAIDs, pain medications, physical therapy, and injections. He was noted to have undergone a left knee arthroscopic partial medial meniscectomy and ACL reconstruction with no ACL present on 12/10/2013, as well as a left knee arthroscopic revision ACL reconstruction on 04/18/2014. On 05/12/2014, the injured worker was seen for followup status post left knee surgery. The physical examination of the left knee revealed moderate effusion, tenderness to palpation over the medial and lateral aspects of the knee, decreased flexion to 115 degrees, and normal motor strength. The physical therapy visit on 05/14/2014, it was noted that the injured worker had completed three of twelve authorized visits. Treatment included manual therapy and therapeutic exercise. Medications were noted to include Naprosyn. A treatment plan was noted for use of a TENS unit for analgesia. An electrotherapy prescription was submitted for an Empi IF3 Wave unit for chronic intractable pain as well as acute postoperative pain. The request for authorization form was submitted on 05/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF3 Wave Unit for Home Use Purchase Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: According to the California MTUS Chronic Pain Guidelines, interferential current stimulation is not recommended as an isolated intervention as there is no quality evidence of effectiveness except in conjunction with recommended treatments. The Guidelines state that interferential current stimulation should be used concurrently with return to work, exercise and medications, and only when there has been limited improvement on those treatments alone. The criteria for use of an interferential current stimulation unit include documentation showing that pain is ineffectively controlled due to diminished effectiveness or side effects of medications, history of substance abuse, significant pain from postoperative conditions limits the ability to perform physical therapy, or lack of response to conservative measures. When the criteria are met, the Guidelines state a 1 month trial may be appropriate. The clinical information submitted for review indicates that the injured worker was status post revision ACL reconstruction and undergoing physical therapy. A recommendation was made for an Empi IF3 Wave unit. However, clear documentation was not submitted indicating ineffectiveness of exercise and medication, uncontrolled pain levels, a history of substance abuse, or the inability to perform exercise due to significant pain. Therefore, the criteria for use of an interferential current stimulation unit have not been met. In addition, the request for the purchase of a unit would not be supported unless a 1 month trial had previously resulted in increased functional improvement. For the reasons noted above, the request for IF3 Wave Unit for home use purchase left knee is not medically necessary and appropriate.

Empl Tens Unit Purchase Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 the California MTUS Guidelines, use of a TENS unit may be supported for acute postoperative pain in the first 30 days postsurgical. The clinical information submitted for review indicated that the injured worker was status post revision ACL reconstruction on 04/18/2014. However, as the injured worker has exceeded 30 days since the surgery, use of a TENS unit for postoperative purposes is not supported. In addition, the treatment plan and electrotherapy prescription dated 05/14/2014 indicated that the recommended transcutaneous electrotherapy was an interferential current stimulation unit, not a TENS unit. Therefore, clarification would be needed regarding the request for both a TENS unit and an interferential current stimulation unit. For the reasons noted above, and as the injured worker has exceeded 30 days postoperative status, the request is not supported. As such, the request for EMPL TENS unit purchase left knee is not medically necessary and appropriate.

