

Case Number:	CM14-0012952		
Date Assigned:	02/24/2014	Date of Injury:	08/29/2013
Decision Date:	06/30/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/31/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 56 year old female with a reported date of injury 08/29/2013. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include status post left knee arthroscopic, partial medial lateral meniscectomy, and patellar chondroplasty on 12/06/2013. Her previous treatments include surgery, physical therapy, and a cane. The progress note dated 01/06/2014 reported the left knee range of motion was to about 90 degrees. The physical therapy note dated 01/09/2014 reported the injured worker achieved relief from her knee pain when using the TENS unit during her physical therapy sessions. The Request for Authorization Form dated 01/09/2014 is for a TENS unit with pads due to left knee injury/symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PURCHASE FOR A DIGITAL TENS UNIT WITH PADS, RELATED TO LEFT KNEE INJURY/SYMPTOMS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN, , 114-115, 116

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

Decision rationale: The MTUS Chronic Pain Guidelines do not recommend the TENS as a primary treatment modality, but a 1-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. The MTUS Chronic Pain Guidelines also state that several published evidence-based assessments of transcutaneous electrical nerve stimulation have found that evidence is lacking concerning effectiveness. The MTUS Chronic Pain Guidelines also state the TENS unit is recommended as a treatment option for acute postoperative pain in the first 30 days post surgery. The TENS unit appears to be most effective for mild to moderate for thoracotomy pain; however, it has been shown to be of lesser effect, or not at all, for other orthopedic surgical procedures. The documentation provided reports the injured worker used a TENS unit in addition to physical therapy provided by the physical therapy department. There is a lack of documentation regarding a one month trial of the TENS unit attempted in adjunct to a program of evidence-based functional restoration. Therefore, the request is not medically necessary and appropriate.