

Case Number:	CM14-0016355		
Date Assigned:	04/11/2014	Date of Injury:	09/20/2011
Decision Date:	05/28/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/10/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 57-year-old male with a date of injury of 09/20/2011. The listed diagnoses per [REDACTED] is status post left knee arthroscopy performed in 2012 with patellofemoral arthralgia, osteoarthritis, and horizontal tear of the posterior horn. According to report dated 01/09/2014 by [REDACTED], the patient presents with right knee pain, stiffness and weakness with occasional popping. The patient rates his pain level as 6-7/10. At best with medication, his pain level reduces to 5/10. The patient reports he previously trialed a TENS unit in office and found it beneficial for reducing his pain level and spasms temporarily. Examination of the bilateral knee revealed slight swelling at the right knee. Tenderness to palpation is present over the medial and lateral joint spaces and above and below the patella. McMurray's test is positive on the right, eliciting clicking. Range of motion of the right knee is measured as follows, flexion 118 degrees, extension is 0 degrees. Range of motion of the left knee is measured as flexion 120 degrees and extension is 0 degrees. The provider is requesting refill of medications, 8 physical therapy sessions, and a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT: Upheld

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

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

Decision rationale: This patient presents with chronic bilateral knee pain. The provider is requesting a TENS unit as the patient has trialed one before, which produced reduction in pain and spasms. Per California MTUS Guidelines page 116, TENS units have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1-month home-based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple sclerosis. In this case, recommendation is for denial as this patient does not present with any of the diagnosis that California MTUS allows for a TENS unit. Furthermore, report dated 01/09/2014 reveals the patient previously trialed a TENS unit. It is unclear when the unit was tried and for how long. The patient did report a reduction in pain and spasms. However, there are no such documents provided in the medical file. Recommendation is for denial.