

Case Number:	CM14-0017866		
Date Assigned:	04/16/2014	Date of Injury:	10/17/2011
Decision Date:	06/03/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/12/2014

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 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 32 year old female who reported an injury on 10/17/2011 secondary to an unknown mechanism of injury. She was evaluated on 12/31/2013 and reported ongoing left wrist and left knee pain of unknown severity. On physical exam she was noted to have tenderness to the medial and lateral joint lines of the left knee. She was also noted to have some crepitus and weakness on left leg extension. Diagnoses included left knee internal derangement/chondromalacia/ plica syndrome, left wrist overuses tendinitis, left De Quervain's tenosynovitis, and left carpal and ulnar tunnel syndrome. Medications were noted to include Norco 10/325 and Tramadol. The injured worker was noted to have previously undergone a left carpal tunnel release and Guyon's canal release on an unknown date as well as a left knee arthroscopic patellar plica excision and lateral retinacular release on 09/14/2013. Post-operative physical therapy of the left knee had not yet been started at the time of evaluation. A request for authorization was submitted on 12/31/2013 for a Pro-Stim 5.0 unit for post-operative pain and rehabilitation.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRO-STIM 5.0 UNIT: 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): 114-117.

Decision rationale: The request for a Pro-Stim 5.0 unit is non-certified. California MTUS Guidelines recommend a TENS unit for acute post-operative pain in the first 30 days post-surgery. It is primarily recommended for mild to moderate thoracotomy pain and has been shown to be less effective, and in some cases ineffective, after other orthopedic surgical procedures. The injured worker had an arthroscopic left knee surgery on 09/14/2013. The request for a TENS unit was submitted upon re-evaluation over three months after the procedure (12/31/2013) and was indicated for post-operative pain and rehabilitation. It was documented that no post-operative physical therapy had been completed at that time. Based on evidence-based guidelines, there is no indication that a TENS unit would be beneficial for post-operative pain three months after surgery as requested. Furthermore, the request is indicated for purchase of a TENS unit. The injured worker has not completed a trial or rental of a TENS unit with documented efficacy to warrant the purchase of such durable medical equipment. Therefore, the request for a Pro-Stim 5.0 unit is non-certified.