MAXIMUS Federal Services

Case Number:	CM14-0121957		
Date Assigned:	08/06/2014	Date of Injury:	05/28/2013
Decision Date:	09/15/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	08/01/2014

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 & Pain Management, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas 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 36-year-old male who reported injury on 05/28/2013 due to twisting his left knee. The injured worker has a diagnosis of left knee and leg sprain. The injured worker's past medical treatment includes physical therapy, physiotherapy, acupuncture and medication therapy. The injured worker underwent a nerve conduction study on 06/09/2014. The injured worker complained of intermittent left knee pain. The injured worker stated that the acupuncture and pain medication decreased his pain. There were no measurable pain levels documented in the submitted report. Physical examination dated 07/24/2014 revealed that the injured worker's left knee had lateral joint line tenderness to palpation. There was no swelling. The submitted reports lacked any pertinent evidence of range of motion or motor strength to the injured worker's left knee. Medications include Menthoderm gel 360 gm 3 times daily, cyclobenzaprine 5 mg half to 1 tablet ever 8 to 12 hours, and omeprazole 20 mg 1 capsule by mouth before meals. The treatment plan is for the injured worker to have use of a TENS unit. The rationale for the use of a TENS unit is that the injured worker still has pain that is not being managed by physical therapy and medication therapy. The Request for Authorization form was submitted on 02/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prime dual Transcutaneous Electrical Nerve Stimulation (TENS) unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

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

Decision rationale: The injured worker complained of intermittent left knee pain. The injured worker stated that the acupuncture and pain medication decreased his pain. There were no measurable pain levels documented in the submitted report. The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend a 1 month trial of a TENS unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least 3 months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. The proposed necessity of the unit should be documented upon request. Rental would be preferred over purchase during this 30-day. The guidelines also state that a 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. The submitted report lacked any quantified evidence of failure to prior conservative care to include physical therapy, home exercise program and/or NSAID use. The only notation for medications were vague and failed to note the efficacy of the medications. The submitted report also lacked any quantified subjective evidence of functional deficits the injured worker may have had. Furthermore, the guidelines stipulate that the initial trial of a TENS unit be a rental for a time period of 30 days with proper documentation of proposed necessity. The submitted request lacked a specific spot of the injured worker that the electrical stimulation unit be used. As such, the request is not medically necessary and appropriate.