

Case Number:	CM14-0123832		
Date Assigned:	09/16/2014	Date of Injury:	12/14/2011
Decision Date:	12/16/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/06/2014

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 Connecticut. 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 who reported an injury on 12/14/2011. The mechanism of injury was not provided. The injured worker's diagnoses included anterior cruciate ligament and instability of the left knee. The injured worker's past treatments included physical therapy, injections, and medications. The injured worker's diagnostic studies included x-rays of the right knee and right tibia, which showed no increase of osteoarthritis. The injured worker's surgical history included a left knee anterior cruciate ligament reconstruction with anterior tibialis allograft and partial medial meniscectomy performed on 04/08/2014. On 06/27/2014, the injured worker reported that she was doing well and believed that the injections to be helping immensely. She rated her pain level at 3/10 on a pain scale. Upon physical examination, the injured worker was noted with marked stiffness, but no intolerable pain. The injured worker's current medications were not included in the documentation. The request was for an inferential unit with supplies for 30-60 day rental then possible purchase to manage pain and reduce medication usage. The Request for Authorization form was signed and submitted on 07/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inferential unit with supplies for 30-60 day rental then possible purchase: Upheld

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

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

Decision rationale: The request for inferential unit with supplies for 30-60 day rental then possible purchase is not medically necessary. According to The California MTUS Guidelines, TENS units are not recommended as 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. While TENS may reflect the long standing expected standard of care within many medical communities, the results of studies are inconclusive; the previous trials do not provide information on the stimulation parameters, which are most likely to provide optimum pain relief, nor do they answer questions about long term effectiveness. The criteria for the use of TENS include documentation of pain for at least 3 months duration; documented evidence that other appropriate pain modalities have been tried (including medications) and failed; a 1 month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. The injured worker reported a pain of 3/10 on a pain scale to her right knee. She reported that she was doing well and believed that the injections to be helpful. The documentation did not provide sufficient evidence of significant objective functional limitations. The documentation did not provide sufficient evidence of tried and failed conservative therapy (to include physical therapy, home exercise program, and medications). in the absence of documentation with sufficient evidence of significant objective of functional limitations, the documented evidence that other appropriate pain modalities have been tried and failed and documented evidence of a 1 month trial period of the TENS unit with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function, the request is not supported. Therefore, the request is not medically necessary.