

Case Number:	CM14-0136792		
Date Assigned:	09/03/2014	Date of Injury:	05/10/2010
Decision Date:	10/03/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/25/2014

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 Pain Medicine 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 injured worker is a 63 year old male who reported an injury on 05/10/2009. The mechanism of injury was not specified. His diagnoses consisted of right knee medial compartment degenerative osteoarthritis. Previous treatments included physical therapy, a home exercise program, and transcutaneous electrical nerve stimulation. His MRI from 05/23/2011 of the cervical spine showed evidence of a disc protrusion at C5-C6; his MRI of the right knee done on the same date showed no evidence of any tears on the knee, however, there was evidence of mild degenerative changes of the medial compartment of the knee. He also had an MRI of his right shoulder. He had a surgical arthroscopy of the right knee in 2011, and surgery on his right shoulder on 03/27/2014. It was noted on 06/25/2014 in a physical therapy note that he received a transcutaneous electrical nerve stimulation unit. The note from 06/16/2014 revealed evidence of notable swelling and crepitus and right knee flexion from 0-130 degrees. The physician reported the injured worker had extensive degenerative osteoarthritis of the medial compartment of the right knee and would need a partial knee replacement. His medications included Tramadol and Prilosec. The treatment plan was for a transcutaneous electrical nerve stimulation unit for the right knee. The rationale for request was the unit would provide a self-administered drug free treatment to manage persistent pain symptoms. The request for authorization form was submitted on 06/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS device right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation).

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

Decision rationale: Based on the clinical information submitted for review, the request for transcutaneous electrical nerve stimulation unit for the right knee is not medically necessary. As stated in the California MTUS Guidelines, a transcutaneous electrical nerve stimulation unit is not recommended as a primary treatment modality, but a 1 month home based trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. Several published evidence-based studies of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. The injured worker reported continued knee pain with decreased range of motion. It was noted in a physical therapy note that he was issued a transcutaneous electrical nerve stimulation unit in June. The guidelines support a 1 month trial of the unit; however, there is insufficient documentation showing how long the injured worker used the unit. Although it was noted that the injured worker was participating in physical therapy and was issued a transcutaneous electrical nerve stimulation unit, it is unknown if he failed the treatment or if he experienced functional improvement. In addition, the request failed to provide the duration or frequency of use of the transcutaneous electrical nerve stimulation unit. As such, the request for transcutaneous electrical nerve stimulation unit for the right knee is not medically necessary.