MAXIMUS Federal Services

Case Number:	CM14-0150319		
Date Assigned:	09/18/2014	Date of Injury:	08/28/1998
Decision Date:	12/10/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/15/2014

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 Occupational 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 applicant is a represented [redacted] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of October 6, 2000.Thus far, the applicant has been treated with the following medications: Analgesic medications; multiple prior knee surgeries; unspecified amounts of physical therapy; a cane; opioid therapy; and a knee brace.In a Utilization Review Report dated August 27, 2014, the claims administrator failed to approve a request for TENS unit supplies. The applicant's attorney subsequently appealed. In a March 26, 2014 progress note, it was noted that the applicant had had three prior knee surgeries. The applicant was reportedly permanent and stationary, it was acknowledged. The applicant received viscosupplementation injection. The applicant was asked to obtain a knee brace and continue using a cane.In an August 4, 2014 progress note, the applicant reported ongoing complaints of knee pain. The applicant was asked to continue a knee brace and walking cane. Authorization was sought for a total knee arthroplasty on the grounds that this was the only treatment which would result in any improvement and/or get the applicant off of opioid agents such as OxyContin. In a June 23, 2014 progress note, the applicant reported ongoing complaints of knee pain, exacerbated by standing and walking. The applicant was using a cane to move about. A knee brace and TENS unit supplies were endorsed, without any explicit discussion of efficacy. In an earlier note dated May 19, 2014, the applicant posited that the TENS unit was generating significant pain relief and was reportedly diminishing medication consumption to some degree. The applicant was still using a cane to move about. The attending provider reported on several occasions that the TENS unit was providing appropriate pain relief but did not elaborate upon any improvements in function achieved as a result of the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit Supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of TENS Page(s): 116.

Decision rationale: As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of a TENS unit and/or provision of associated supplies beyond an initial one-month trial should be predicated on evidence of favorable outcome during said one-month trial, in terms of both pain relief and function. Here, however, earlier usage of the TENS unit does not appear to have generated any significant improvements in function. While the attending provider has posited that the applicant is receiving appropriate analgesia with usage of the TENS unit, the attending provider is yet to elaborate on any improvements in function achieved as a result of the same. The applicant is still having difficulty performing activities of daily living as basic as standing and walking. The applicant is still using a cane to move about. The applicant remains dependent on opioid agents such as OxyContin. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite earlier usage of a TENS unit. Therefore, the request for TENS Unit Supplies is not medically necessary.