

Case Number:	CM14-0163810		
Date Assigned:	10/08/2014	Date of Injury:	12/06/2013
Decision Date:	11/21/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/06/2014

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 Emergency 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 patient with reported date of injury on 12/06/2013. Mechanism of injury is described as cumulative trauma. Patient has a diagnosis of meniscus tear of knee, derangement of knee, lumbar sprain/strain and post R knee arthroscopic procedure(partial medial and lateral meniscectomy) on 8/5/14. Medical reports reviewed. Last report available until 9/18/14. Patient complains of R knee and low back pain. Pain is 8-9/10. Pain is worsened with activity.No objective exam as done on 9/18/14, only documented "exam unchanged".Last objective exam is dated 8/21/14 which documents R knee with discrete raised mass deep to arthroscopic site, mild effusion. Lumbar exam with tenderness to palpation on L side. Sensation intact. No motor deficit. A TENS "Trial" on R knee lasting only 15 minutes on 5/19/14 documented "tolerated well, pain remains the same but slight increased ROM and muscles slightly relaxed." Note from 8/21/14 states that TENS is for low back. MRI of R knee(2/24/14) documents distal quadriceps tendinosis, fraying of medial and lateral menisci and findings compatible with grade 1 LCL sprain. Has reportedly completed 1 physical therapy sessions with more approved. Current medications include Methoderm and Tramadol. Independent Medical Review is for TENS unit for purchase. Prior UR on 9/26/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit for purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

Decision rationale: As per MTUS Chronic pain guidelines, TENS(Transcutaneous Electrical Nerve Stimulation) may be recommended only if it meets criteria. Evidence for its efficacy is poor. Pt does not meet criteria to recommend TENS. TENS is only recommended for neuropathic or Complex Regional Pain Syndrome(CRPS) pain. Patient has neither diagnosis. There is no documentation of failures of multiple conservative treatment modalities. There is no documentation of short or long term goal of TENS unit. There is no documentation of an appropriate 1month trial of TENS, the 15minute "trial" does not meet any definition of a trial and the reported "improvements" would not have met criteria as a positive trial. MTUS also recommends rental over purchase, there is no documentation as to why a TENS unit needed to be purchased instead of rented. Patient fails multiple criteria for TENS purchase. Therefore the request for TENS is not medically necessary.