

Case Number:	CM14-0181460		
Date Assigned:	11/06/2014	Date of Injury:	06/21/2011
Decision Date:	12/12/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/31/2014

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 Internal 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 53-year-old female who reported an injury on 06/21/2011. The mechanism of injury was a fall. Her diagnoses included lumbar sprain/strain, right shoulder sprain/strain, status post right knee surgery and left knee meniscus tear. Past treatments included physical therapy and medications. Diagnostic studies included MRI of the right shoulder and left knee on 10/17/2013. Her surgical history included left knee arthroscopy performed on 09/03/2014. The progress report dated 09/15/2014 indicated the injured worker presented for a status post left knee arthroscopy follow-up. She complained of frequent right shoulder pain rated 3/10 and constant right knee pain rated 6/10 with numbness and tingling sensations. She also complained of postoperative left knee pain. Physical examination revealed her surgical incision was clean, dry and intact. Also, a motor examination was intact. Her medications included Genicin, Somnicin, Gabacyclotram, and Menthoderma gel. The treatment plan included physical therapy for the left knee 2 to 3 times a week for 6 weeks. The request was for a TENS unit 30 day trial to reduce the need for pain medications and increase joint range of motion while the injured worker participates in a home exercise program. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 TENS unit (30 day trial): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, post-operative pain (transcutaneous electrical nerve stimulation) Page(s): 16-17.

Decision rationale: The request for 1 TENS unit 30 day trial is not medically necessary. The California MTUS Guidelines recommend transcutaneous electrical nerve stimulation (TENS) as a treatment option for acute post-operative pain in the first 30 days post-surgery. However, the guidelines also state that the proposed necessity of the unit should be documented upon request. The documentation submitted for review noted the injured worker had surgery on 09/03/2014. Per guidelines the request exceeds the time limitation for a transcutaneous electrical nerve stimulation (TENS) trial. Additionally, the treating provider failed to provide a clear rationale to warrant medical necessity of a TENS unit trial. As such, the request for 1 TENS unit 30 day trial is not medically necessary.