

Case Number:	CM14-0028925		
Date Assigned:	06/16/2014	Date of Injury:	08/01/2013
Decision Date:	08/04/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/06/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 50-year-old male who reported an injury on 08/01/2013 due to a trip and fall. On 04/21/2014, the injured worker presented with right knee pain. Upon examination, the range of motion for the left knee was 130 degrees of flexion and 0 degrees of extension. There was no tenderness to palpation over the knee. No prior treatment was provided. The diagnoses were medial meniscus tear of the right knee. The provider recommended the purchase of a TENS unit for symptoms related to the right knee injury. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF TENS UNIT FOR SYMPTOMS RELATED TO RIGHT KNEE INJURY:
Upheld

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

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

Decision rationale: The request for the purchase of a TENS unit for symptoms related to the right knee injury is non-medically necessary. The California MTUS Guidelines do not

recommend a TENS unit as the primary treatment modality. 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. The results of studies are inconclusive, but published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer the questions about long-term effectiveness. There is a lack of documentation indicating significant deficits upon physical exam. Additionally, the injured worker was not documented to have had an adequate TENS trial. Therefore, the request is not medically necessary.