MAXIMUS Federal Services

Case Number:	CM14-0032133		
Date Assigned:	06/20/2014	Date of Injury:	09/08/2012
Decision Date:	07/25/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/13/2014

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, 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 46-year-old with a reported date of injury on September 8, 2012. The mechanism of injury occurred by a fall off a ladder. His diagnoses were noted to include metacarpus fracture, bilateral knee pain, and depression. The progress report dated December 13, 2013 reported the injured worker complained of a low back pain, left knee pain, and left hand pain, and it was worse with walking and activities of daily living. The physical examination revealed decreased range of motion to the bilateral knees. The progress report dated February 6, 2014 revealed the injured worker complained of persistent pain in the bilateral knees, as well as his lower back and left hand. The physical examination revealed bilateral knee range of motion was 0 to 150, and there was no instability to the cruciate or collateral ligaments. The bilateral knees were noted to have patellofemoral crepitus, and there was pain over the medial facet of the patella. An x-ray of the left knee showed a moderate lateral shift of the patella, and a patellofemoral chondromalacia, in particular, where there is a moderate shift to the patella with lateral tilting. The MRI to the right knee performed on September 14, 2013 reported tricompartmental osteoarthritis advanced in the patellofemoral compartment laterally; meniscus degeneration; complex multiloculated ganglion along the anterior border of the tibia midline into the medial side with partial inspissation and chronic inflammation. The request form dated December 13, 2013 for a TENS (transcutaneous electrical nerve stimulation) unit due to low back, left hand, and knee pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (transcutaneous electrical nerve stimulation) unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous Electrical Nerve Stimulator).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, page 114-115 Page(s): 114, 115.

Decision rationale: The injured worker complains of low back, left hand, and left knee pain. The California Chronic Pain Medical Treatment Guidelines recommend a TENS unit on a 1 month home-based trial, and may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. The guidelines state while TENS may reflect the longstanding accepted standard of care within many medical communities, the results of studies are inconclusive and the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. The guidelines state a home-based treatment trial of one month may be appropriate for neuropathic pain and there is some evidence including diabetic neuropathy. The guidelines also state electrotherapeutic modalities are frequently used in the management of chronic low back pain. However, few studies were found to support their use. Most studies on TENS can be considered of relatively poor methodological quality. The TENS does not appear to have an impact on perceived disability or long-term pain. There is a lack of documentation regarding the TENS unit to be used in adjunct with an evidence-based functional restoration program. Therefore, the request for a TENS unit is not medically necessary or appropriate.