

Case Number:	CM14-0045034		
Date Assigned:	07/02/2014	Date of Injury:	07/21/2008
Decision Date:	11/04/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/14/2014

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 claimant injured her right knee on 07/21/08 when she tripped and fell. Four days of treatment with a percutaneous electrical nerve stimulator are under review. She was diagnosed with right knee pain and CRPS type II in the right lower extremity. She is status post 2 surgeries to the right knee including arthroscopic surgery on 02/05/09 and right partial knee replacement on 06/28/10. X-rays have shown no medial compartment prosthesis loosening. On 01/30/14, she had significant right knee pain and swelling at level 8/10. She was using Mexiletine, Norco, and Celebrex. She had a four-day trial with a Neurostimulator which improved her overall function. Use of a percutaneous electrical nerve stimulator caused a decrease or change in her opioid medication use as well as significant improvement in sleep, enhanced mood, decreased depression, and increased energy. She had tried and failed TENS treatment as well as physical therapy and therapeutic exercises. She was expected to also do home exercises. Please note: I did not receive any original medicals on this claimant and all of the records are for a different patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 days of percutaneous electrical nerve stimulator for right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Percutaneous electrical nerve stimulation (PENS).

Decision rationale: The history and documentation do not objectively support the request for 4 sessions of percutaneous electrical nerve stimulation. The MTUS state "percutaneous electrical nerve stimulation (PENS) is not recommended as a primary treatment modality, but a trial may be considered, if used as an adjunct to a program of evidence-based functional restoration, after other non-surgical treatments, including therapeutic exercise and TENS, have been tried and failed or are judged to be unsuitable or contraindicated. There is a lack of high quality evidence to prove long-term efficacy. Percutaneous electrical nerve stimulation (PENS) is similar in concept to transcutaneous electrical nerve stimulation (TENS) but differs in that needles are inserted to a depth of 1 to 4 cm either around or immediately adjacent to the nerve serving the painful area and then stimulated. PENS is generally reserved for patients who fail to get pain relief from TENS, apparently due to obvious physical barriers to the conduction of the electrical stimulation (e.g., scar tissue, obesity). PENS must be distinguished from acupuncture with electrical stimulation. In PENS the location of stimulation is determined by proximity to the pain. (BlueCross BlueShield, 2004) (Aetna, 2005) This RCT concluded that both PENS and therapeutic exercise for older adults with chronic low back pain significantly reduced pain. In this case, the claimant reported subjective benefit from a trial of percutaneous electrical nerve stimulation but there is no documentation of measurable objective or functional improvement from the use of this type of device. It is not clear whether her functional abilities improved or whether she was able to exercise more or decrease her use of medications. Therefore, this request is not medically necessary.