

Case Number:	CM14-0046543		
Date Assigned:	07/02/2014	Date of Injury:	09/13/2013
Decision Date:	08/22/2014	UR Denial Date:	03/24/2014
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 applicant is a [REDACTED], employee who has filed a claim for knee pain reportedly associated with an industrial injury of September 13, 2013. The applicant has been treated with the following: Transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; MRI imaging of the knee, reportedly notable for an ACL sprain; and reported return to regular work. In a utilization review report dated March 24, 2014, the claims administrator denied a request for a two-month trial of a TENS unit, citing lack of supporting information on the part of the attending provider. Both ACOEM and the MTUS Chronic Pain Medical Treatment Guidelines were invoked. The applicant subsequently appealed. In a request for authorization form dated February 4, 2014, the attending provider sought authorization for a two-month trial of a TENS-EMS dual stimulator device. No rationale or clinical progress note was attached to the same. An earlier note of January 3, 2014, was handwritten, somewhat difficult to follow, and notable for comments that the applicant was working regular duty without using any pain medications. The applicant did nevertheless report some complaints of knee pain. Regular duty work and an MR arthrogram of the knee were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous Electrical Nerve Stimulation (TENS) and two (2) month supplies: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79, Chronic Pain Treatment Guidelines Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 116, Criteria for the Use of TENS Topic. Page(s): 116.

Decision rationale: As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, a one-month trial of a TENS unit is recommended in applicants with chronic intractable pain of greater than three months' duration in whom other appropriate pain modalities, including pain medications, have been trialed and/or failed. In this case, however, there is no evidence that other appropriate pain modalities, including pain medications, have been tried and/or failed. No rationale or justification for usage of the TENS unit was proffered by the attending provider. The applicant is described as working regular duty without needing any pain medications. The two-month trial being proposed here does represent treatment in excess of the one-month trial suggested on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines in qualifying applicants. For all the stated reasons, then, the request is not medically necessary.