

Case Number:	CM14-0053779		
Date Assigned:	07/07/2014	Date of Injury:	08/17/2011
Decision Date:	08/19/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/22/2014

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 & 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 51-year-old male who reported an injury on 08/17/2011. The mechanism of injury was noted to be a twist of the knee with an audible pop while moving furniture and cleaning carpet. Prior treatments included physical therapy, insoles, crutches, bilateral knee sleeves, and medications. His diagnoses were noted to be status post left knee arthroscopic partial meniscectomy and chondroplasty on 02/10/2012, chronic low back pain, complaints of anxiety, depression, and sleep difficulty, and status post right knee arthroscopy on 06/11/2012. The primary treating physician's progress report dated 04/02/2014 finds the injured worker with complaints of increased anxiety, depression, and lack of sleep. He reported increased right knee pain at 8/10 and noted it became severely aggravated with use of stairs, escalating pain to 10/10. The injured worker reported popping and a grinding sound in his right knee. Objective findings revealed the right knee was neurologically intact. Lumbar spine flexion was 54 degrees and extension 25 degrees. There was tenderness to palpation with spasms. The injured worker presented with bilateral knee sleeves. Audible clicking with weight bearing extension of the knee at terminal extension. Diffuse atrophy in the bilateral quads. The treatment plan was to continue naproxen, Prilosec, and continue physical therapy of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrical stimulation unit for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; transcutaneous electrotherapy Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Transcutaneous Electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation Page(s): 114-116.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines do not recommend as a primary treatment modality, but a 1 month home based transcutaneous electrical nerve stimulation trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence based functional restoration. The documentation provided for review does not indicate an adjunct program of evidence based functional restoration. In addition, the request fails to provide a treatment timeline for the electrical stimulation unit. As such, the request for electrical stimulation unit for the right knee is not medically necessary.