MAXIMUS Federal Services

Case Number:	CM14-0055347		
Date Assigned:	07/07/2014	Date of Injury:	12/11/2002
Decision Date:	08/07/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/24/2014

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 Internal Medicine has a subspecialty in Preventive Medicine and is licensed to practice in Pennsylvania. 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 71-year-old gentleman with a date of injury of 12/11/2002. An office visit note by [redacted] dated 03/03/2014 identified the mechanism of injury as tripping over a ditch and falling, resulting in a left knee injury. An office visit note by [redacted] dated 02/06/2014; office visit notes by [redacted] dated 03/03/2014, 03/25/2014, and 04/16/2014; and an office visit note by [redacted] dated 03/18/2014 described the worker as experiencing knee pain and suggested an on-going issue with back pain. Documented examinations consistently showed decreased motion in the knees and lower back, an abnormal curve of the lower spine, and tenderness in the lower back muscles. These records concluded the worker was suffering from osteoarthritis, myalgia, and arthralgia. Treatment had included surgeries to the right hip and left knee, injected medication into the left knee, and continued pain medications. The worker was not actively participating in a functional restoration program. The submitted and reviewed documentation did not discuss in any detail adding electrical nerve stimulation (TENS) therapy to the treatment plan. A Utilization Review decision by [redacted] was rendered on 04/02/2014 recommending non-certification for a TENS unit purchase with six months of supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tens Unit purchase and 6 months of supplies: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-117.

Decision rationale: Transcutaneous electrical nerve stimulation (TENS) applies electricity to the surface of the skin to improve pain control. The MTUS Guidelines support its use in managing some types of chronic pain and in acute pain after surgery. TENS is recommended as a part of a program of evidence-based functional restoration for specific types of neuropathic pain, spasticity with spinal cord injuries, and multiple sclerosis-related pain and/or muscle spasm. The documentation must demonstrate the pain was present for at least three months, other appropriate pain treatments were unable to properly manage the symptoms, a one-month trial showed improvement, the ongoing pain treatments used during the trial, and the short- and long-term goals of TENS therapy. The Guidelines also support the use of TENS for pain management during the first thirty days after surgery. The documentation must include the proposed necessity for this treatment modality. A TENS unit rental for thirty days is preferred to purchase in this situation. A visit note by [redacted] dated 02/06/2014; visit notes by [redacted] dated 03/03/2014, 03/25/2014, and 04/16/2014; and a visit note by [redacted] dated 03/18/2014 described the worker as experiencing knee pain and suggested an ongoing issue with back pain. These records concluded the worker was suffering from osteoarthritis, myalgia, and arthralgia. The submitted and reviewed documentation did not indicate the specific reason(s) or goals for adding TENS therapy to the treatment plan. The worker was not participating in a functional restoration program. There was no documentation of a successful thirty-day TENS trial. In the absence of such evidence, the current request for a TENS unit purchase and six months of supplies is not medically necessary.