

Case Number:	CM14-0068343		
Date Assigned:	07/14/2014	Date of Injury:	12/14/1999
Decision Date:	09/18/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/13/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Texas and Florida. 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 patient is a 72 year old male who was injured on 12/14/2014. The diagnosis is right knee pain with ligaments instability. The patient had completed 18 Physical Therapy sessions, Ice/Heat therapy, and medications management. The patient is currently doing aquatic exercises. The past surgery history is significant for multiple knee surgeries in 2001, 2005, 2011 and 2012. On 4/22/2014, [REDACTED] noted subjective complaints of increased right knee pain with swelling with objective findings of decreased range of motion. The patient is working as a security guard. The current medication is listed as Fentanyl patch from [REDACTED]. The patient had completed Transcutaneous Electrical Nerve Stimulation (TENS) unit treatment 3-4 times a week with significant reduction in pain and increase in range of motion. A Utilization Review determination was rendered on 4/30/2014 recommending partial certification for TENS Unit for 1 month.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit x3 Months -Knee: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 114-121. Decision based on Non-MTUS Citation Knee and Leg.

Decision rationale: The CA MTUS and the ODG guidelines addressed the use of therapeutic electrical stimulation for the management of chronic pain. The use of a Transcutaneous Electrical Nerve Stimulation (TENS) unit can be beneficial for patients who cannot tolerate medications management and those who have shown significant pain relief during a 1 month trial of (TENS) treatment. The records indicate that the patient had completed periods of (TENS) Unit trial with significant reduction in pain and increase in range of motion. The use of multiple pain medications treatment for this 72 years old male will be associated with increased risk of adverse medication effects and drugs interactions. The criteria and medical necessity for the use of (TENS) unit for 3 months on the right knee was met.