MAXIMUS Federal Services

Case Number:	CM14-0074261		
Date Assigned:	07/16/2014	Date of Injury:	12/14/2011
Decision Date:	09/22/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/21/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 29-year-old female with a reported date of injury on 12/14/2011. The mechanism of injury was not submitted within the medical records. Her diagnosis was noted to include posttraumatic arthritis to the left knee with deficit of the vastus medialis. Her previous treatments were noted to include physical therapy and medications. The progress note dated 11/04/2013 revealed complaints and weakness and some feeling of instability to the left knee. The physical examination noted persistent atrophy of the left vastus medialis muscle. In addition, there was a deficit in the last few degrees of extension which was persistent, with no effusion. The progress note dated 02/27/2014 revealed complaints of left knee pain and the inability to ambulate without a limp. The injured worker indicated she had not been able to get her medication appropriately refilled. The physical examination revealed a limp on the left that was progressively gradual and increasing. The injured worker indicated she did not have control of the last few degrees of extension to her left knee. The injured worker had absent function of the vastus medialis to the left. There was no effusion noted. The provider indicated the injured worker was not fit for her regular work. The Request for Authorization form was not submitted within the medical records. The retrospective request was for a Truwave unit plus x 6 months rental for the left knee DOS 4/23/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Truwave unit plus x 6 months rental for the left knee DOS 4/23/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Electrical Stimulation, Neuromuscular TENS Interferential Current Stimulator Page(s): 121, 119-102, 114,116.

Decision rationale: The retrospective request for a Truwave unit plus x 6 months rental for the left knee DOS 4/23/2013 is not medically necessary. The injured worker had decreased range of motion and left knee pain. The California Chronic Pain Medical Treatment Guidelines do not recommend a TENS unit as a primary treatment modality, but a 1 month home based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. The guidelines' criteria for the use of TENS is documentation of pain of at least 3 months duration. There must be evidence that other appropriate pain modalities have been tried (including medication) and failed. A 1 month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. The guidelines also state other ongoing pain treatment should also be documented during the trial period, including medication usage. The guidelines do not recommend interferential current stimulation as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and postoperative knee pain. The guidelines do not recommend a neuromuscular electrical stimulation device. A neuromuscular electrical stimulation device is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. The guidelines do not recommend an NMES device in use for chronic pain, and the guidelines do not recommend the use of a TENS or interferential unit as a primary treatment modality. Additionally, the request for a 6 month rental exceeds guideline recommendations of a 1 month trial. Therefore, the request is not medically necessary.