

Case Number:	CM14-0075015		
Date Assigned:	07/16/2014	Date of Injury:	01/13/2013
Decision Date:	09/18/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/22/2014

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 Nevada. 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 records presented for review indicate that this 44 year-old male was reportedly injured on 1/13/2013. The mechanism of injury is noted as an altercation with a suspect which ended after falling to the ground. The most recent progress note dated 3/31/2014, indicates that there are ongoing complaints of bilateral knee pain. Physical examination demonstrated tenderness to knee joint bilaterally. MRI of the knees demonstrated lateral meniscal tear on the right and a medial meniscal tear on the left. Diagnosis: bilateral knee meniscal tears. Previous treatment includes knee injections, acupuncture, physical therapy and HEP. The claimant underwent a 20 minute electrical stimulation trial on 3/31/2014 which resulted in 50% improvement in knee pain. A request had been made for a retrospective request for TENS (transcutaneous electrical nerve stimulator) Unit purchase DOS: 3/3/14, and was not certified in the utilization review on 5/7/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for TENS (transcutaneous electrical nerve stimulator) Unit purchase DOS: 3/3/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113-116.

Decision rationale: MTUS guidelines recommend against using a TENS unit as a primary treatment modality and indicates that a one-month trial must be documented prior to purchase of the unit. Based on the clinical documentation provided, a 20-minute TENS unit trial resulted in 50% improvement (pain level went from 6 to 3/10) in the office; however, there is no documentation of a previous one-month trial. An appropriate trial includes documentation of how often the unit was used and the outcomes in terms of pain relief and functional improvement. TENS rental is preferred over purchase for the trial. As such, the request for purchase of a TENS unit is not considered medically necessary.