

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0079230 | | |
| Date Assigned: | 07/18/2014 | Date of Injury: | 03/11/2013 |
| Decision Date: | 09/30/2014 | UR Denial Date: | 05/09/2014 |
| Priority: | Standard | Application Received: | 05/29/2014 |

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 Pulmonary Diseases 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 34 year old male who reported an injury 03/11/2013 due to a fall. The injured worker had diagnoses of s/p arthroscopy of the right knee and right knee meniscal tear. Prior treatment included medications, physical therapy, and a knee brace. Diagnostic testing was not provided. The injured worker underwent right knee arthroscopy on 10/30/2013. The injured worker complained of continued pain and weakness on 04/28/2014 which caused the patient to become "unable to walk". The injured worker had unstable gait and was using a cane to ambulate. There was severe atrophy to the right knee and weakness, with range of motion at 35 degrees and positive extension lag at 2 degrees with tenderness. The medications included Ultram, naproxen, hydrocodone, tramadol, and methoderm. The treatment plan was for TENS/EMS. The physician recommended the injured worker use the TENS/EMS in his home in order to stimulate the right quad due to the injured worker's severe atrophy. The request for authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (transcutaneous electrical nerve stimulation)/EMS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS
Page(s): 114-116, 121.

Decision rationale: The request for TENS/EMS is not medically necessary. The injured worker underwent right knee arthroscopy on 10/30/2013. The injured worker complained of continued pain and weakness. The California MTUS guidelines note the use of TENS is not recommended as a primary treatment modality. A one-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 for patients with neuropathic pain, CRPS II, CRPS I, spasticity, and/or multiple sclerosis. Prior to a one month trial the guidelines recommend there must be documentation of pain of at least three months duration and there should be evidence that other appropriate pain modalities have been tried (including medication) and failed. The guidelines state neuromuscular electrical stimulation devices are not recommended. Neuromuscular electrical stimulation devices are used primarily as part of a rehabilitation program following stroke and there is no evidence to support the use of this device in chronic pain. The injured worker underwent right knee arthroscopy 10/30/2013. The injured worker has participated in physical therapy. The submitted request does not indicate whether the unit will be purchased or rented. There is a lack of documentation indicating the injured worker has completed a one month home based TENS trial with documentation demonstrating the efficacy of the unit as well as detailing how often the unit was used. There is no indication that the unit is being requested as part of a rehabilitation program following a stroke. Therefore the request for TENS/EMS is not medically necessary.