

Case Number:	CM14-0118192		
Date Assigned:	08/06/2014	Date of Injury:	07/15/2013
Decision Date:	01/23/2015	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/25/2014

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 Rehab, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Maine. 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 claimant has a history of a work injury occurring on 07/15/13 when, while working in a grocery store, he twisted and heard a pop in his right knee. He had previously undergone arthroscopy for a right knee injury in November 2011. An MRI in July 2013 showed findings of degenerative changes. He underwent arthroscopic meniscectomies on 09/19/13. He had postoperative physical therapy. As of 11/20/13 he had attended 14 treatment sessions. Treatments included electrical stimulation. He was able to return to modified work. He was seen on 02/06/14. He was having constant stabbing bilateral knee pain rated at 4-8/10. He was using TENS, ibuprofen, ice, and rest. Physical examination findings included right knee swelling and left lower extremity atrophy. He had decreased and painful left knee range of motion. There was patellofemoral crepitus. He had moderate to severe joint line tenderness. McMurray's testing was positive. Imaging results were reviewed. Recommendations included continued use of TENS with consideration of a trial of an interferential stimulation unit and a knee brace. Continued medication management was recommended. He was seen by the requesting provider on 07/01/14. He was having intermittent right knee pain with soreness and popping. He was performing a home exercise program. Medications included Norco. He was considering a knee injection. Physical examination findings included joint line tenderness with crepitus. The discussion references the claimant as working full duty without restrictions and with minimal pain. It states that the claimant functions at his highest level since the injury with use of daily TENS, ice, and occasional Motrin. Norco was refilled. He was continued at unrestricted work.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit one month trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd edition (2004)

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

Decision rationale: The claimant is more than one year status post work-related injury and continues to be treated for chronic right knee pain. He underwent arthroscopic surgery in September 2013. He had post-operative physical therapy including electrical stimulation and has been using TENS with benefit. In terms of TENS, a one-month home-based trial may be considered as a noninvasive conservative option. In this case, the claimant is already using TENS with benefit. A trial of TENS use is not medically necessary.