

Case Number:	CM14-0192354		
Date Assigned:	11/26/2014	Date of Injury:	02/01/2010
Decision Date:	03/04/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 49 year old male was injured 2/1/10. The mechanism of injury was not indicated in the available records. The injured worker had left knee surgery (8/19/10 and 10/3/14). He was able to return to work after the surgery and had no problem until his duties changed to standing for 8 hours a day. His past history included two motor vehicle accidents (6/9/13 and 7/9/13) with residual pain and muscle spasms in the neck and low back and was treated by chiropractor. As of 10/14 he complained of constant left knee pain with intensity of 9.5/10, loss of balance and problem with weight bearing. His pain was aggravated by prolonged standing, stair climbing and walking. On physical exam patellar compression was positive; he experienced pain on the medial and lateral aspect of the left knee; has edema; decreased range of motion. He ambulated with a limp and with the aid of crutches. Radiographs (12/27/13) of the left knee demonstrate unremarkable findings; lumbar spine demonstrates discogenic spondylosis T11/ T12 and L1 through S1, most pronounced at L1/L2; DISH; Postural comments and biomechanical alterations. MRI lumbosacral spine (4/4/14) demonstrated no soft tissue abnormalities; L5-S1 level 4.2 mm disc protrusion with moderate bilateral facet arthropathy producing moderate left greater than right lateral spinal and neural foraminal stenosis; L4-L5 4.6 mm disc protrusion with left lateral annular tear; L1-2 3mm. MR arthrogram on 4/8/14 demonstrated recurrent meniscus tear and mild effusion in the patellofemoral and supra patellar bursae. His diagnoses were internal derangement left knee post-surgical repair (10/3/14); post-surgical physical therapy; lumbar sprain and lumbar IVD displacement. On 8/25/14 documentation indicated that the injured worker had less symptomatology with measurable functional improvement. Functional

improvement was not specific, however, on 2/12/14 the injured worker indicated moderate pain and that he had to change the way he did his personal hygiene; he had loss of sleep; travel was not affected by pain and that the pain was getting better. Documentation 10/29/14 indicated "a lot of knee pain and unstable". The injured worker remained off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

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

Decision rationale: According the cited guidelines, electrical stimulation (TENS), is not recommended as a primary treatment modality, but 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 the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use). According the cited guidelines, Criteria for the use of TENS is- There is evidence that other appropriate pain modalities have been tried (including medication) and failed.- A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. Any evidence of neuropathic pain, CRPS I and CRPS II was not specified in the records provided. The patient has received number of the PT for this injury. Detailed response to previous conservative therapy was not specified in the records provided. In addition a treatment plan including the specific short- and long-term goals of treatment with the TENS unit was not specified in the records provided. The records provided did not specify any recent physical therapy with active PT modalities or a plan to use TENS as an adjunct to a program of evidence-based functional restoration. Any evidence of diminished effectiveness of medications or intolerance to medications or history of substance abuse was not specified in the records provided. The medical necessity of the request for TENS Unit is not fully established for this patient.