

Case Number:	CM14-0192499		
Date Assigned:	11/26/2014	Date of Injury:	11/15/2012
Decision Date:	01/16/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	11/18/2014

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 Management 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 patient is a 43-year old male who suffered an industrial related injury to his left knee on 11/15/12. A physician's report dated 7/17/14 (24) noted the injured worker was diagnosed with a left knee sprain on 12/19/12. He was given a knee brace and referred to physical therapy. Naproxen was prescribed and modified work duty was recommended. The physician noted medication and physical therapy did not improve the knee pain. A MRI done on 3/13/13 suggested a small horizontal tear of the posterior horn of the medial meniscus as well as a small amount of joint effusion with popliteal cyst. The injured worker underwent a left knee arthroscopy with partial medial meniscectomy. The injured worker was noted to be at maximum medical improvement on 9/25/13 with 10% impairment of the left knee. The injured worker reported contralateral right knee pain shortly after post-operative physical therapy began. An MRI done on 5/29/14 revealed a complex tear of the posterior horn of the medial meniscus with suggestion of a bucket handle type component. An arthroscopy of the right knee with partial medial meniscectomy was recommended on 6/12/14. On 11/17/14 the utilization review (UR) physician denied the request for the purchase of a GSMHD Combo TENS with HAN, 8 pairs of electrodes per month, and 6 AAA batteries per month. The UR physician noted the Medical Treatment Utilization Schedule guideline criteria has not been met in this case as the TENS units have not been proven efficacious in long term studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

GSMHD combo TENS with HAN-purchase, electrodes 8 pairs per month, AAA batteries 6 per month: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic intractable pain Page(s): 116.

Decision rationale: The patient presents with chronic bilateral knee pain. The current request is for the purchase of a GSMHD Combo TENS with HAN, 8 pairs of electrodes per month, and 6 AAA batteries per month. The treating physician report dated 10/22/14 (3) states, the patient has complaints of right knee pain. The examination revealed effusion, full extension and flexion at 95 degrees. A recent physical therapy note documented, strength was at 4/5 with knee extension, hip abduction and ER and 3/5. According to MTUS guidelines on the criteria for the use of TENS in chronic intractable pain: "a one-month trial period of the TENS unit should be documented (as an adjunct to other 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 during this trial." And "a treatment plan including the short- and long term goals of treatment with the TENS unit should be submitted." Documentation regarding use and outcomes of TENS during a one-month trial period, as required by MTUS guidelines has not been submitted. Nor has a treatment plan with short- and long-term goals been mentioned in the request. Recommendation is for denial.