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| Case Number: | CM14-0201050 | | |
| Date Assigned: | 12/11/2014 | Date of Injury: | 02/13/2014 |
| Decision Date: | 01/30/2015 | UR Denial Date: | 11/11/2014 |
| Priority: | Standard | Application Received: | 12/01/2014 |

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 Neurology, 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 29 year old male who sustained an industrial injury on February 3, 2014. He sustained an injury to his knee and on October 23, 2014 underwent right knee ACL reconstruction, lateral meniscal repair. He was seen on November 3, 2014 at which time he complained of 7-8/10 pain with activity and 1-2/10 pain with rest. He complained of numbness and tingling as well as weakness of the right knee. The patient states that his symptoms remain unchanged. He describes his pain as intermittent to occasional, aching, sharp, throbbing pain that is increased with exercise. He is taking Percocet which he finds beneficial. Examination reveals trace effusion, range of motion is 0 to 45 secondary to pain. Strength exam was deferred. The patient is to return in four weeks at which time he will begin physical therapy. The use of hot and cold modalities and elevation was discussed with the patient. According to an October 20, 2014 post-operative report, because of the extensive procedure, as well as the swelling and pain the patient will encounter, postoperatively the patient would benefit from an interferential unit, MEDS-4-INF for home use to decrease swelling and pain, as well as increase muscle function for the right knee rehab following surgery. The physician notes that transcutaneous electrical stimulation has shown to be able to decrease swelling and pain and improve the patient's return to function after surgical treatment or injury. In conjunction with exercises and recommended physical therapy, transcutaneous stimulation inferential unit will allow the patient to decrease medication for pain postoperatively. On November 11, 2014 Utilization Review non-certified the request for transcutaneous electrical nerve stimulator/ interferential (TENS/ IF) unit based on insufficient literature to support IF for treatment of soft tissue injury or for enhancing wound or fracture healing.

IMR ISSUES, DECISIONS AND RATIONALES

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

E1399 DME purchase TENS/IF unit (MEDS 4 INF) with garment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy; Interferential current stimulation Page(s): 113-116; 118-120.

Decision rationale: According to the CA MUTS guidelines, TENS is recommended as a treatment option for acute post-operative pain in the first 30 days post-surgery. The guidelines state that (TENS) appears to be most effective for mild to moderate thoracotomy pain. It has been shown to be of lesser effect, or not at all for other orthopedic surgical procedures. The guidelines also state that rental would be preferred over purchase during this 30-day period. With regards to interferential units, the guidelines state that interferential may be trialed for one month if pain is ineffectively controlled due to diminished effectiveness of medications; or pain is ineffectively controlled with medications due to side effects; or there is history of substance abuse; or significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or the patient is unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). In this case, the medical records reviewed do not establish that the patient meets the criteria for the requested DME unit. The request for E1399 DME purchase TENS/IF unit (MEDS 4 INF) with garment is not medically necessary.