

Case Number:	CM15-0100948		
Date Assigned:	06/03/2015	Date of Injury:	06/09/2014
Decision Date:	07/09/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/26/2015

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 is a 47 year old male patient, who sustained an industrial injury on 6/9/14. He has reported initial complaints of left knee injury while employed as a police officer. The diagnoses have included complex posterior horn medial meniscal tear and left knee status post diagnostic and operative arthroscopy. Per the doctor's note dated 4/27/15, he is for orthopedic re-evaluation regarding the left knee status post left knee arthroscopy on 12/12/14 with partial medial meniscectomy. It was noted that he was making slow and steady progress post-operatively. He reported that his range of motion was still lacking in extension and when he tries to do any physical activity he experiences a sharp pain in the knee. The physical exam of the left knee revealed extension lacking 5 degrees, strength 4/5, notable quadriceps atrophy compared to the contralateral side and palpable scar tissue. The current medications list is not specified in the records provided. He has had Magnetic Resonance Imaging (MRI) of the left knee dated 10/8/14 which revealed mild effusion of the left knee joint and bursa; suspicion of a small tear of the medial meniscus and maceration of the posterior horn of the medial meniscus. He has undergone left knee arthroscopy with partial medial meniscectomy on 12/12/14. He has had physical therapy and home exercise program (HEP). The physician noted that due to his post-operative left knee pain he felt that a Transcutaneous electrical nerve stimulation (TENS) would be of benefit so the requested treatments included Empi-Phoenix electric system (██████████), 3 month rental, Empi-Phoenix electrode kit (██████████ ██████████), quantity of 1 and Empi- Phoenix garment (██████████), quantity of 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Empi-Phoenix electric system (██████████), 3 month rental: 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 pain (transcutaneous electrical nerve stimulation) page 114-116.

Decision rationale: Request Empi-Phoenix electric system (██████████), 3 month rental. Empi-Phoenix electric system is a TENS/ electrical stimulation unit. According the cited guidelines, 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)." Per the MTUS chronic pain guidelines, there is no high grade scientific evidence to support the use or effectiveness of electrical stimulation for chronic pain. Cited guidelines do not recommend TENS for chronic pain. The patient does not have any objective evidence of CRPS I and CRPS II that is specified in the records provided. Any evidence of diminished effectiveness of appropriate medications or intolerance to medications is not specified in the records provided. The medical necessity of Empi-Phoenix electric system (██████████), 3 month rental is not established for this patient.

Empi-Phoenix electrode kit (██████████), Qty 1: 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 pain (transcutaneous electrical nerve stimulation) Page 114-116.

Decision rationale: Empi-Phoenix electric system is a TENS unit. According the cited guidelines, 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)." Per the MTUS chronic pain guidelines, there is no high grade scientific evidence to support the use or effectiveness of electrical stimulation for chronic pain. Cited guidelines do not recommend TENS for chronic pain. The patient does not have any objective evidence of CRPS I and CRPS II that is specified in the records provided. Any evidence of diminished effectiveness of appropriate medications or intolerance to medications is not specified in the records provided. The medical necessity of Empi-Phoenix electric system (██████████), 3 month rental is not established for this patient. As the medical necessity of Empi-Phoenix electric system (██████████) is not fully established, the medical necessity of accessories/supplies: Empi-Phoenix electrode kit (██████████) that goes with it, is also not fully established. The medical necessity of Empi-Phoenix electrode kit (██████████), Qty 1 is not established for this patient.

Empi-Phoenix garment (██████████), Qty 1: 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 pain (transcutaneous electrical nerve stimulation) Page 114-116.

Decision rationale: Request Empi-Phoenix garment (██████████), Qty 1. Empi-Phoenix electric system is a TENS unit. According the cited guidelines, 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)." Per the MTUS chronic pain guidelines, there is no high grade scientific evidence to support the use or effectiveness of electrical stimulation for chronic pain. Cited guidelines do not recommend TENS for chronic pain. The patient does not have any objective evidence of CRPS I and CRPS II that is specified in the records provided. Any evidence of diminished effectiveness of appropriate medications or intolerance to medications is not specified in the records provided. The medical necessity of Empi-Phoenix electric system (██████████), 3 month rental is not established for this patient. As the medical necessity of Empi-Phoenix electric system (██████████) is not fully established, the medical necessity of accessories/supplies- Empi-Phoenix garment (██████████) that goes with it, is also not fully established. The medical necessity of Empi-Phoenix garment (██████████), Qty 1 is not established for this patient.