

Case Number:	CM15-0102546		
Date Assigned:	06/04/2015	Date of Injury:	08/31/2013
Decision Date:	07/10/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/28/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 42-year-old female, who sustained an industrial injury on August 31, 2013. She reported left knee pain after stepping in dirt and falling on her left side while walking backwards. The injured worker was diagnosed as having status post left knee arthroscopy and lateral release on March 2, 2015 and internal derangement of the knee. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the left knee, physical therapy, medications and work restrictions. Currently, the injured worker complains of continued left knee pain with decreased range of motion and secondary abnormal gait pattern. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on April 30, 2015, revealed continued pain as noted. She reported benefit with physical therapy. She noted feeling a little better than before surgery. Effusion of the left knee was present on examination and the surgical wound was noted to be nicely healed. She was noted to have a slightly antalgic gait. A TENS unit, pads, batteries and leads were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

GSM HD Combo TENS with HAN purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit, neuromuscular electrical stimulation Page(s): 114-121.

Decision rationale: The patient presents with left knee pain, rated 8/10. The request is for GSM HD Combo TENS with HAN purchase. The provided RFA is dated 04/14/15 and the date of injury is 08/31/13. Diagnoses has included status post left knee arthroscopy and lateral release on March 2, 2015 and internal derangement of the knee. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the left knee, physical therapy, medications and work restrictions. Per 04/08/15 report, physical examination of the left knee revealed mild peripatellar swelling. The patient is able to flex the knee 110 degrees and extend 5 degrees. McMurray's sign is negative. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the left knee, physical therapy, medications and work restrictions. The patient is temporarily totally disabled. The MTUS Guidelines page 114 to 116 on TENS unit states that it is not recommended as a primary treatment modality but a 1-month home-based TENS trial may be considered as a non-invasive conservative option if used as an adjunct to a program of evidence-based functional restoration. For muscle stimulation, the MTUS Guidelines page 121 on neuromuscular electrical stimulation NMES devices states, "not recommended. NMES is used primarily as a part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There is no intervention trials suggesting benefit from NMES for chronic pain." In this case, the requesting progress report is not provided for review. The provided reports do not document that the patient has tried a TENS unit previously. MTUS requires a 30-day home trial to determine its efficacy in terms of functional improvement and pain reduction prior to its purchase. Without documented pain reduction and functional improvement following a 30 day trial of the TENS unit, the purchase of a device cannot be substantiated. Therefore, the request IS NOT medically necessary.

Electrodes 8 pairs per month: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit, neuromuscular electrical stimulation Page(s): 114-121.

Decision rationale: The patient presents with left knee pain, rated 8/10. The request is for Electrodes 8 pairs a month. The provided RFA is dated 04/14/15 and the date of injury is 08/31/13. Diagnoses has included status post left knee arthroscopy and lateral release on March 2, 2015 and internal derangement of the knee. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the left knee, physical therapy, medications and work restrictions. Per 04/08/15 report, physical examination of the left knee revealed mild peripatellar swelling. The patient is able to flex the knee 110 degrees and extend 5 degrees. McMurray's sign is negative. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the left knee, physical therapy, medications and work

restrictions. The patient is temporarily totally disabled. MTUS Chronic Pain Medical Treatment Guidelines, pg 114-121, Criteria for the use of TENS states: "A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing 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. For the conditions described below." The guideline states the conditions that TENS can be used for are neuropathic pain, Phantom limb pain and CRPS II, Spasticity, and Multiple sclerosis (MS). In this case, the requesting progress report was not provided for review. There is no evidence that the patient completed a 30 day trial with the TENS unit to substantiate the purchase of a home unit. Given that the request for the home TENS unit was denied, the requested electrodes IS NOT medically necessary.

AAA batteries 6 per month: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit, neuromuscular electrical stimulation Page(s): 114-121.

Decision rationale: The patient presents with left knee pain, rated 8/10. The request is for Electrodes 8 pairs a month. The provided RFA is dated 04/14/15 and the date of injury is 08/31/13. Diagnoses has included status post left knee arthroscopy and lateral release on March 2, 2015 and internal derangement of the knee. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the left knee, physical therapy, medications and work restrictions. Per 04/08/15 report, physical examination of the left knee revealed mild peripatellar swelling. The patient is able to flex the knee 110 degrees and extend 5 degrees. McMurray's sign is negative. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the left knee, physical therapy, medications and work restrictions. The patient is temporarily totally disabled. MTUS Chronic Pain Medical Treatment Guidelines, pg 114-121, Criteria for the use of TENS states: "A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing 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. For the conditions described below." The guideline states the conditions that TENS can be used for are neuropathic pain, Phantom limb pain and CRPS II, Spasticity, and Multiple sclerosis (MS). In this case, the requesting progress report was not provided for review. There is no evidence that the patient completed a 30 day trial with the TENS unit to substantiate the purchase of a home unit. Given that the request for the home TENS unit was denied, the requested AAA batteries IS NOT medically necessary.

12 months TENS supplies: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339, Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit, neuromuscular electrical stimulation Page(s): 114-121.

Decision rationale: The patient presents with left knee pain, rated 8/10. The request is for Electrodes 8 pairs a month. The provided RFA is dated 04/14/15 and the date of injury is 08/31/13. Diagnoses has included status post left knee arthroscopy and lateral release on March 2, 2015 and internal derangement of the knee. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the left knee, physical therapy, medications and work restrictions. Per 04/08/15 report, physical examination of the left knee revealed mild peripatellar swelling. The patient is able to flex the knee 110 degrees and extend 5 degrees. McMurray's sign is negative. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the left knee, physical therapy, medications and work restrictions. The patient is temporarily totally disabled. MTUS Chronic Pain Medical Treatment Guidelines, pg 114-121, Criteria for the use of TENS states: "A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing 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. For the conditions described below." The guideline states the conditions that TENS can be used for are neuropathic pain, Phantom limb pain and CRPS II, Spasticity, and Multiple sclerosis (MS). In this case, the request HOME TENS unit for Purchase was non-certified. There is no documentation of the patient completing a 30 day trial with the TENS unit to substantiate the purchase. Therefore, the requested 12 month supplies IS NOT medically necessary.