

Case Number:	CM15-0106878		
Date Assigned:	06/11/2015	Date of Injury:	09/12/2014
Decision Date:	07/15/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/03/2015

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: North Carolina
 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:

The injured worker is a 56 year old male, who sustained an industrial injury on 9/12/14. He has reported initial complaints of left knee injury. The diagnoses have included sprain of the left knee, medial meniscus tear of the left knee, left knee tendinitis and internal derangement of the left knee. Treatment to date has included medications, activity modifications, off work, injections, surgery, physical therapy, and home exercise program (HEP). Currently, as per the physician evaluation note dated 5/12/15, the injured worker complains of left knee pain, weakness and moments of left knee giving out. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the left lower extremity (LLE) joint dated 10/1/14 reveals sprain of the medial collateral ligament with a tear in the femoral attachment, complex tear of the medial meniscus, sprain of the meniscocapsular junction of the medial meniscus, sprain of the medial patellar retinaculum, and mild patellar tendinitis. The objective findings included he ambulates with slow guarded gait, using a cane to ambulate. There is moderate tenderness noted over the left knee/patella, there is positive Valgus and varus stress test, positive patellofemoral compression test and decreased quadriceps and hamstring strength on the left 3/5. The physician noted that he is status post-operative left knee internal derangement and patellar pain. There is previous physical therapy sessions noted in the records. The physician requested treatment included Purchase of a transcutaneous electrical nerve stimulation (TENS) unit for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a TENS unit for the left knee: 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 Page(s): 114.

Decision rationale: The California chronic pain medical treatment guidelines section on transcutaneous electrical nerve stimulation states: TENS, chronic pain (transcutaneous electrical nerve stimulation): 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. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured. This treatment option is recommended as an adjunct to a program of evidence based functional restoration. In addition there must be a 30 day trial with objective measurements of improvement. These criteria have not been met and the request is not medically necessary.