

Case Number:	CM15-0107302		
Date Assigned:	06/11/2015	Date of Injury:	11/15/2013
Decision Date:	09/23/2015	UR Denial Date:	05/07/2015
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: 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 46 year old male, who sustained an industrial injury on 11/15/2013. According to a progress report dated 12/30/2014, he had ongoing left greater than right knee pain, neck pain, low back pain and left wrist pain. Medications included Pamelor, Tylenol, Simvastatin and Omeprazole. Impression was noted as status post left wrist open reduction internal fixation on 05/30/2014, left knee arthroscopy with partial meniscectomy on 05/20/2014, preexisting left knee arthritis, right knee meniscal tear and preexisting arthritis, cervical sprain/strain, lumbar sprain/strain and depression. He was being treated for chronic neck and low back pain. Physical therapy for the neck and back did not provide lasting benefit. In regard to the bilateral knees, he underwent left knee surgery and was scheduled to see a joint specialist. In regard to the right knee, he had attended physical therapy and had been using a TENS unit with endorsed significant benefit. During previous sessions of physical therapy, a TENS unit was used on his cervical spine which was found to be helpful. In regard to the left wrist, he previous underwent surgery and was finishing up with hand therapy. The treatment plan included trigger point injections and TENS unit trial x 1 month. According to a progress report dated 02/02/2015, the injured worker had recently received a TENS unit which he had been using and endorsing tremendous benefit. Recent trigger point injections were ineffective for his neck. He had palpable spasm is his cervical and lumbar spine and limitations as far as range of motion. The provider noted that the injured was having a bit of increase in his symptoms and would likely benefit from some physical therapy for his flare. Currently under review is the

request for TENS 3 month rental, electrodes 3 month supply quantity 6, skin prep wipes quantity 3, batteries 3 month supply quantity 12 and lead wires 3 month supply quantity 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS 3 month rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-121.

Decision rationale: Based on the 12/30/14 progress report provided by treating physician, the patient presents with bilateral knee and neck pain. The patient is status post left knee arthroscopy with partial meniscectomy on 05/20/14. The request is for TENS 3 MONTH RENTAL. RFA with the request not provided. Patient's diagnosis on 12/30/14 includes preexisting left knee arthritis, right knee meniscal tear and preexisting arthritis, and cervical sprain/strain. Treatment to date included surgery, trigger point injections, imaging studies, physical therapy, TENS, and medications. Patient's medications include Pamelor, Tylenol, Simvastatin, and Omeprazole. The patient remains off work, per 02/02/15 report. MTUS, TENS, chronic pain (transcutaneous electrical nerve stimulation) Section, pages 114-121 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). Per 12/30/14 report, treater states the patient "has started physical therapy for his right knee and has attended 3/8 sessions. They have been using a TENS unit, and he has endorsed significant benefit from this. Apparently previous sessions of physical therapy have used TENS on his cervical spine as well which he found to be helpful." Per progress report dated 02/02/15, the patient had recently received a TENS unit which he had been using and endorsing tremendous benefit. In this case, treater has documented trial and benefit from use of TENS. The patient has already been supplied with the unit and continues to benefit. However, it is not known why the treater has asked for 3 months rental. MTUS allows up to 1 month rental, and if beneficial, a unit for home use. The request is not consistent with MTUS recommendations. The request is not medically necessary.

Electrodes 3 month supply QTY: 6: 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, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-121.

Decision rationale: Based on the 12/30/14 progress report provided by treating physician, the patient presents with bilateral knee and neck pain. The patient is status post left knee arthroscopy with partial meniscectomy on 05/20/14. The request is for ELECTRODES 3 MONTH SUPPLY QTY: 6. RFA with the request not provided. Patient's diagnosis on 12/30/14 includes preexisting left knee arthritis, right knee meniscal tear and preexisting arthritis, and cervical sprain/strain. Treatment to date included surgery, trigger point injections, imaging studies, physical therapy, TENS, and medications. Patient's medications include Pamelor, Tylenol, Simvastatin, and Omeprazole. The patient remains off work, per 02/02/15 report. MTUS, TENS, chronic pain (transcutaneous electrical nerve stimulation) Section, pages 114-121 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). Per 12/30/14 report, treater states the patient "has started physical therapy for his right knee and has attended 3/8 sessions. They have been using a TENS unit, and he has endorsed significant benefit from this. Apparently previous sessions of physical therapy have used TENS on his cervical spine as well which he found to be helpful." Per progress report dated 02/02/15, the patient had recently received a TENS unit which he had been using and endorsing tremendous benefit. In this case, the request appears excessive. 6 packs of electrodes would be the expected provisions for the use of a TENS unit for a 6 months or more. This current request is excessive and cannot be substantiated. Therefore, the request is not medically necessary.

Skin Prep Wipes QTY: 3: 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, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-121.

Decision rationale: Based on the 12/30/14 progress report provided by treating physician, the patient presents with bilateral knee and neck pain. The patient is status post left knee arthroscopy with partial meniscectomy on 05/20/14. The request is for SKIN PREP WIPES QTY: 3. RFA with the request not provided. Patient's diagnosis on 12/30/14 includes preexisting left knee arthritis, right knee meniscal tear and preexisting arthritis, and cervical sprain/strain. Treatment to date included surgery, trigger point injections, imaging studies, physical therapy, TENS, and medications. Patient's medications include Pamelor, Tylenol, Simvastatin, and Omeprazole. The patient remains off work, per 02/02/15 report. MTUS, TENS, chronic pain (transcutaneous electrical nerve stimulation) Section, pages 114-121 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). Per 12/30/14 report, treater states the

patient "has started physical therapy for his right knee and has attended 3/8 sessions. They have been using a TENS unit, and he has endorsed significant benefit from this. Apparently previous sessions of physical therapy have used TENS on his cervical spine as well which he found to be helpful." Per progress report dated 02/02/15, the patient had recently received a TENS unit which he had been using and endorsing tremendous benefit. In this case, treater has documented trial and benefit from use of TENS. The patient has already been supplied with the unit and continues to benefit. While guidelines do not specifically provide discussion regarding skin-preps, such accessories are generally provided as part of the unit making purchase of separate skin prep kits unnecessary. Therefore, the request is not medically necessary.

Batteries 3 month supply QTY: 12: 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, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-121.

Decision rationale: Based on the 12/30/14 progress report provided by treating physician, the patient presents with bilateral knee and neck pain. The patient is status post left knee arthroscopy with partial meniscectomy on 05/20/14. The request is for BATTERIES 3 MONTH SUPPLY QTY: 12. RFA with the request not provided. Patient's diagnosis on 12/30/14 includes preexisting left knee arthritis, right knee meniscal tear and preexisting arthritis, and cervical sprain/strain. Treatment to date included surgery, trigger point injections, imaging studies, physical therapy, TENS, and medications. Patient's medications include Pamelor, Tylenol, Simvastatin, and Omeprazole. The patient remains off work, per 02/02/15 report. MTUS, TENS, chronic pain (transcutaneous electrical nerve stimulation) Section, pages 114-121 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). Per 12/30/14 report, treater states the patient "has started physical therapy for his right knee and has attended 3/8 sessions. They have been using a TENS unit, and he has endorsed significant benefit from this. Apparently previous sessions of physical therapy have used TENS on his cervical spine as well which he found to be helpful." Per progress report dated 02/02/15, the patient had recently received a TENS unit which he had been using and endorsing tremendous benefit. MTUS guidelines support TENS unit usage for complaints of this nature. While guidelines do not specifically provide an appropriate number of batteries for such devices, battery packs generally contain multiple batteries, it is unclear why this patient would require 12 additional packs for a 3 months. Therefore, the request is not medically necessary.

Lead Wires 3 month supply QTY: 2: 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, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-121.

Decision rationale: Based on the 12/30/14 progress report provided by treating physician, the patient presents with bilateral knee and neck pain. The patient is status post left knee arthroscopy with partial meniscectomy on 05/20/14. The request is for LEAD WIRES 3 MONTH SUPPLY QTY: 2. RFA with the request not provided. Patient's diagnosis on 12/30/14 includes preexisting left knee arthritis, right knee meniscal tear and preexisting arthritis, and cervical sprain/strain. Treatment to date included surgery, trigger point injections, imaging studies, physical therapy, TENS, and medications. Patient's medications include Pamelor, Tylenol, Simvastatin, and Omeprazole. The patient remains off work, per 02/02/15 report. MTUS, TENS, chronic pain (transcutaneous electrical nerve stimulation) Section, pages 114-121 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). Per 12/30/14 report, treater states the patient "has started physical therapy for his right knee and has attended 3/8 sessions. They have been using a TENS unit, and he has endorsed significant benefit from this. Apparently previous sessions of physical therapy have used TENS on his cervical spine as well which he found to be helpful." Per progress report dated 02/02/15, the patient had recently received a TENS unit which he had been using and endorsing tremendous benefit. In this case, treater has documented trial and benefit from use of TENS. The patient has already been supplied with the unit and continues to benefit. However, MTUS does not support 3 months rental, but 1-month rental. The request is not medically necessary.