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| Case Number: | CM15-0108840 | | |
| Date Assigned: | 06/15/2015 | Date of Injury: | 11/03/2012 |
| Decision Date: | 08/07/2015 | UR Denial Date: | 05/13/2015 |
| Priority: | Standard | Application Received: | 06/05/2015 |

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 male, who sustained an industrial injury on 11/3/12. The initial complaints were that he was tackled by an inmate when his left leg was planted and he hyperextended it. The diagnoses have included left knee lateral meniscal tear, and left knee oblique tear. Treatment to date has included medications, activity modifications, off of work, transcutaneous electrical nerve stimulation (TENS), physical therapy and other modalities. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) and Magnetic Resonance Arthrogram (MRA) of the left knee. Currently, as per the physician progress note dated 3/6/15, the injured worker was last seen on 2/6/15 and since he has not resumed any work activities and he also cancelled the 2/16/15 surgery of the left knee for other than medical reasons. He is performing a home exercise program (HEP) which includes the use of transcutaneous electrical nerve stimulation (TENS). He complains of left knee pain, limited movement of the knee and swelling of the knee at times. He also has occasional right knee pain. The physical exam of the bilateral knees reveals that he walks with antalgic gait on left; there is tenderness to palpation over the left knee. The patellofemoral compression testing produces crepitus in the left knee. There is a positive grind test and McMurray's is positive on the left. The range of motion in the bilateral knees is limited and painful on the left. The previous physical therapy sessions are not noted in the records. The physician notes that at this point the injured worker does not wish to proceed with left knee surgery. The physician requested treatment included a transcutaneous electrical nerve stimulation (TENS) unit for purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit, purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114.

Decision rationale: According to MUTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. In the progress reports of February and March 2015, there was a documentation of using TENS without evidence of efficacy. There is no recent clear evidence of neuropathic pain. Therefore, the prescription of TENS unit, purchase is not medically necessary.