MAXIMUS Federal Services

Case Number:	CM15-0019986		
Date Assigned:	02/09/2015	Date of Injury:	09/28/2012
Decision Date:	04/03/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/02/2015

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, Arizona
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 58-year-old male who reported an injury on 09/28/2012. The mechanism of injury was a slip and fall. His diagnoses were noted as lumbar disc disease and bilateral knee internal derangement/chondromalacia. His surgical history was noted to include, bilateral knee arthroscopy. During the assessment on 12/17/2014, the injured worker complained of pain in the low back and both knees. He indicated that the pain in the low back had improved since receiving injections. He reported still having pain radiating down his right lower extremity that increases when he sits for greater than 1 hour. The injured worker indicated that the pain in both knees was greater on the left than the right. He stated that he is careful with attempts at squatting, kneeling, walking on uneven ground, twisting or pivoting. He stated that at times he wakes up at night with discomfort and feels anxious at times. The physical examination of the knees revealed range of motion with extension of 0/-2 degrees and flexion 150/146 degrees. There were healed arthroscopic sites to both knees. There was synovial swelling to the left knee with decreased range of motion. There was tenderness to palpation over the medial aspect of both knees with crepitation. The examination of the right and left knee revealed no soft tissue swelling, hematoma, fusion, instability, patellar laxity, popliteal tenderness or popliteal fullness. The McMurray's test and the patella apprehension test were negative bilaterally. The treatment plan and the rationale were not provided. The Request for Authorization form was dated 11/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS / EMS unit #6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: The request for TENS/EMS unit #6 is not medically necessary. The California MTUS Guidelines do not recommend the use of a TENS unit as a primary treatment modality; however, a 1 month based trial may be considered as a noninvasive conservative option. A treatment plan including the specific short and long term goals of treatment with a TENS unit should be submitted prior to use. After successful 1 month trial, continued use treatment may be recommended if there is documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. The clinical documentation did not indicate that the TENS unit was going to be used as an adjunct to physical therapy or home exercise program. There was no documentation of how often the unit was to be used, as well as outcomes in terms of pain relief and function. There was no treatment plan including the specific and long term goals of treatment. Due to the lack of pertinent information, the request is not medically necessary.