

Case Number:	CM15-0135706		
Date Assigned:	08/21/2015	Date of Injury:	03/19/2013
Decision Date:	09/18/2015	UR Denial Date:	07/04/2015
Priority:	Standard	Application Received:	07/14/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 41 year old female who sustained an industrial injury on 3-19-13. In a visit note dated 6-25-15, the treating physician reports the injured worker states overall, the acupuncture was very successful on the last visit of 4-6-15. She is also participating in a functional restoration program and finds she is getting stronger. Significant knee pain is noted and rated at 3 out of 10. There is tenderness to palpation over the lateral greater than medial knee joint line. The impression is status post left knee arthroscopy with extensive debridement and hypertrophic synovitis, inflamed medial plica with significant residuals, reactive depression. Medications noted 6-11-15, are Norco and Ultram. A request for authorization dated 4-27-15, lists a transcutaneous electrical nerve stimulation unit for purchase. The requested treatment is a transcutaneous electrical nerve stimulation 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, chronic pain.

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

Decision rationale: The claimant sustained a work injury in March 2013 and continues to be treated for left knee pain after undergoing arthroscopic surgery. A TENS unit was requested in April 2015. The claimant had he used it in physical therapy with reported relief of symptoms. When seen by the requesting provider pain was rated at 3/10. She had completed a functional restoration program and was working on finding a job. Physical examination findings included mildly decreased left knee range of motion with crepitus. Authorization is being requested for purchase of a TENS unit. A one-month home-based trial of TENS may be considered as a noninvasive conservative option. Criteria for the continued use of TENS include documentation of a one-month trial period of the TENS unit including how often the unit was used, as well as outcomes in terms of pain relief. In this case, there is no documented home-based trial of TENS. Providing a TENS unit is not medically necessary.