

Case Number:	CM15-0136821		
Date Assigned:	07/24/2015	Date of Injury:	08/23/2013
Decision Date:	08/24/2015	UR Denial Date:	06/17/2015
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: California

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 55 year old female who sustained an industrial/work injury on 8/23/13. She reported an initial complaint of bilateral knee pain. The injured worker was diagnosed as having cervical sprain, derangement of joint not otherwise specified of shoulder, carpal tunnel syndrome, internal derangement of ankle and foot, and internal derangement of knee. Treatment to date includes medication, physical therapy (12 sessions), transcutaneous electrical nerve stimulation (TENS) unit, surgery (left knee arthroscopy with arthroscopic partial medial meniscectomy, three compartment extensive synovectomy, shaving chondroplasty of the medial compartment and patellofemoral compartment, lysis of adhesions, manipulation of the knee, and intra-articular injection of the joint on 6/19/14. Currently, the injured worker complained of bilateral knee pain. Per the primary physician's report (PR-2) on 6/11/15, exam notes a well healed arthroscopic portals about the knee, tenderness to pressure over the medial joint lines, range of motion revealed bilateral flexion of 140/140 and bilateral extension of 180/180, anterior and posterior drawer was negative, positive Mc Murray's test. The cervical spine had spasm in the paraspinal muscles and tenderness to palpation. There was also tenderness to pressure over the plantar left foot. Current plan of care included medication, transcutaneous electrical nerve stimulation (TENS) unit, and follow up. The requested treatments include transcutaneous electrical nerve stimulation (TENS) unit for knees (home use).

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit for knees (home use): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117 of 127.

Decision rationale: Regarding the request for TENS, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a non-invasive conservative option if used as an adjunct to a program of evidence-based functional restoration. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial 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, function, and medication usage. Within the documentation available for review, there is no indication that the patient has undergone a one-month TENS unit trial as outlined above and, unfortunately, there is no provision for modification of the current request to allow for a TENS trial. In light of the above issues, the currently requested TENS is not medically necessary.