

Case Number:	CM15-0137688		
Date Assigned:	07/27/2015	Date of Injury:	06/20/2014
Decision Date:	10/28/2015	UR Denial Date:	07/12/2015
Priority:	Standard	Application Received:	07/16/2015

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 54-year-old male, who sustained an industrial injury on June 20, 2014. Treatment and evaluation to date has included medications, MRI of the right knee (9-4-14) physical therapy, a transcutaneous electrical nerve stimulation unit, a home exercise program and a right knee arthroscopy. Medical records indicate that the injured worker is undergoing treatment for a right lateral meniscus tear and right knee internal derangement. The injured worker was temporarily totally disabled. On 6-27-2015, the injured worker complained of right knee pain rated 7 out of 10 on the visual analogue scale. The injured workers current medication and the use of a transcutaneous electrical nerve stimulation unit were noted to provide temporary pain relief. Examination of the right knee revealed tenderness to palpation and a decreased range of motion. A McMurray's test and patellar compression test were positive. Subsequent progress reports (5-30-15) note the injured workers pain level to be 4 out of 10 and (5-21-15) 8 out of 10. Current medications (3-16-15) include Naproxen. The request for authorization dated 7-8-15 included a request for the purchase of a transcutaneous electrical nerve stimulation unit. The Utilization Review documentation dated 7-12-15 non-certified the request for the purchase of a transcutaneous electrical nerve stimulation unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has received extensive conservative medical treatment to include chronic medication, extensive physical therapy, activity modifications, yet the patient has remained symptomatic and functionally impaired. There is no documentation on how or what TENS unit is requested, nor is there any documented short-term or long-term goals of treatment with the TENS unit. There is no evidence for change in functional status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the treatment already rendered. The TENS unit is not medically necessary and appropriate.