MAXIMUS Federal Services

Case Number:	CM15-0146335		
Date Assigned:	08/07/2015	Date of Injury:	06/02/2012
Decision Date:	09/04/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/28/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 38 year old male who sustained an industrial injury on 06/02/2012. He reported a sudden pain and muscle cramps from running down hill and uphill for one hour to get cars for customers. The injured worker was diagnosed as having: Left knee, hamstring sprain; Right knee sprain. A MRI of the left and right knee (August 28, 2012) revealed. Stress fracture at the medial aspect of the proximal tibia left knee. Vertical tear of the posterior horn of the medial meniscus left knee. Stress fracture at the medial aspect of the proximal tibia. Mucoid degeneration within the body and posterior horn of the medial meniscus and body of the lateral meniscus. Treatment to date has included medications, physical therapy, a back brace, a knee brace, and a sacral orthosis. Currently, the injured worker complains of right knee pain with numbness and pain radiating to right heel. He complains of difficulty bending the knee and feels he is getting worse. Medications include Diclofenac, Omeprazole. The treatment plan was for conservative treatment including a transcutaneous electrical nerve stimulation (TENS) unit. There is minimal documentation on objective findings other than documentation of his blood pressure. A retrospective request for authorization was made for: DME TENS Unit Purchase for the Right Knee (DOS 6/18/15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: DME TENS Unit Purchase for the Right Knee (DOS 6/18/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, TENS unit.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective DME TENS unit purchase right knee June 18, 2015 is not medically necessary. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. TENS to the knee is recommended as an option for osteoarthritis as an adjunct treatment to a therapeutic exercise program. See the guidelines for additional details. In this case, the injured workers working diagnosis is the injury. Date of injury is June 2, 2012. The requests authorization is June 4, 2015. According to a May 5, 2015 progress note, the injured worker subjectively has ongoing right knee pain. Pain score is 6/10. Objectively, there is moderate tenderness medially. The treatment plan was to return in two weeks for a TENS trial. Similarly, a progress note dated June 4, 2015 contains the same subjective and objective findings. Utilization review states the documentation in the medical record shows the patient presented for a TENS unit trial. The patient was only able to remain five minutes at the provider's office due to a prior appointment. Subjectively, the pain scale remained unchanged at 6/10. TENS to the knee is recommended as an option for osteoarthritis as an adjunct treatment to a therapeutic exercise program. There is no documentation demonstrating osteoarthritis. There is no 30 day TENS unit trial in the medical record. Consequently, absent clinical documentation of a 30 day TENS trial and an appropriate clinical indication (osteoarthritis) for TENS to the knee, retrospective DME TENS unit purchase right knee June 18, 2015 is not medically necessary.