

Case Number:	CM15-0146563		
Date Assigned:	08/07/2015	Date of Injury:	04/08/2014
Decision Date:	09/03/2015	UR Denial Date:	06/30/2015
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: 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 56 year old male, who sustained an industrial injury on April 8, 2014. Treatment to date has included diagnostic imaging, physical therapy, let knee steroid injection, NSAIDS, muscle relaxants, home exercise program, and work restrictions. Currently, the injured worker complains of left knee pain and swelling with radiculopathy. On physical examination the injured worker has no limp with ambulation and has pain at his left patellofemoral joint and medial joint line. The diagnoses associated with the request include medial meniscus tear of the left knee and lumbar focal central disc protrusion. The treatment plan includes work restrictions, continued use of TENS unit and left knee surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS machine purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

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

Decision rationale: The claimant sustained a work injury in April 2014 and continues to be treated for left knee pain and sciatic symptoms. He was seen for a physical therapy reevaluation on 04/20/15. He had previously been treated from May 2014 through December 2014. He had been referred for additional physical therapy. Physical examination findings included lumbar spine and superior gluteal tenderness. There was decreased spinal range of motion and restricted hamstrings. Diagnoses included ankylosing spondylitis. Recommendations included use of a home electrical stimulation unit. When seen by the requesting provider, he was having left knee pain and swelling. Physical examination findings included medial joint line tenderness with patellofemoral pain and positive compression testing. Knee surgery was recommended. 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 was not medically necessary.