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| Case Number: | CM15-0169417 | | |
| Date Assigned: | 09/10/2015 | Date of Injury: | 01/19/2012 |
| Decision Date: | 10/13/2015 | UR Denial Date: | 08/11/2015 |
| Priority: | Standard | Application Received: | 08/27/2015 |

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: Emergency 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:

This is a 56 year old female with a date of injury of January 19, 2012. A review of the medical records indicates that the injured worker is undergoing treatment for probable complex regional pain syndrome, and arthrofibrosis and weakness, status post right total knee arthroplasty. Medical records (July 21, 2015) indicate that the injured worker complains of ongoing lower back pain, lower extremity pain, and increased right knee pain in the last few days. A progress noted dated June 23, 2015 noted subjective complaints of 70% improvement with sympathetic nerve block. Per the treating physician (July 21, 2015), the employee was capable of standing and walking for ten minutes per hour up to one hour cumulative per eight hour work day, and was temporarily partially disabled. The physical exam (July 21, 2015) reveals hyperesthesia throughout, multiple trigger points of the right lower extremity, right lower extremity cooler than the left, -5 degree right knee extension, 95-degree right knee flexion, and 1-centimeter quadriceps atrophy. Physical examination on June 23, 2015 noted -3 degree extension of the right knee, 95 degrees flexion of the right knee, decreased strength of the right knee extension, and hyperesthesia throughout the right lower extremity. Treatment has included a sympathetic nerve block, medications, unknown number of physical therapy sessions, right knee arthroscopy on April 26, 2012, and right total knee arthroplasty on September 12, 2012. The original utilization review (August 11, 2015) non-certified a request for a transcutaneous electrical nerve stimulator 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: As per MTUS Chronic pain guidelines, TENS (Transcutaneous Electrical Nerve Stimulation) may be recommended only if it meets criteria. Evidence for its efficacy is poor. Pt does not meet criteria to recommend TENS. TENS is only recommended for neuropathic or Complex Regional Pain Syndrome (CRPS) pain. Patient has a diagnosis of CRPS which may receive some benefit from treatment. Guidelines recommend use only with Functional Restoration program which is not documented. There is no documentation of short or long term goal of TENS unit. There is no documentation of an appropriate 1month trial of TENS. MTUS also recommends rental over purchase, there is no documentation as to whether this was a request for a rental/purchase or whether it is a trial or permanent use. Patient fails multiple criteria for TENS. TENS is not medically necessary.