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| Case Number: | CM15-0169924 | | |
| Date Assigned: | 09/11/2015 | Date of Injury: | 07/28/2009 |
| Decision Date: | 10/08/2015 | UR Denial Date: | 08/18/2015 |
| Priority: | Standard | Application Received: | 08/28/2015 |

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: North Carolina

Certification(s)/Specialty: Family Practice

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 injured worker is a 53-year-old male who reported an industrial injury on 7-28-2009. His diagnoses, and or impression, were noted to include chondromalacia, bilateral knees; left knee meniscal tear, status-post left knee meniscal tear surgery in 2009; and compensatory right knee pain. No current imaging studies were noted, but reports were noted requested. His treatments were noted to include left knee surgery (2009); right knee injection therapy-minimal improvement; left knee support; trans-cutaneous electrical nerve stimulation unit therapy; medication management; and modified work duties. The progress notes of 7-17-2015 reported a follow-up visit for continued complaints of bilateral knee pain; an increase in right knee pain to severe, due to compensation, which was aggravated by activities; and that the trans-cutaneous electrical nerve stimulation unit, which he used daily, broke. Objective findings were noted to include: an antalgic gait; bilateral crepitus; "BGL 109"; and that he were temporarily totally disabled and working full duty. The physician's requests for treatments were noted to include the purchase of a new trans-cutaneous electrical nerve stimulation unit. The Utilization Review of 8-18-2015 non-certified the request for the purchase of a trans-cutaneous electrical nerve stimulation unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective TENS unit purchase: Overturned

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: The California chronic pain medical treatment guidelines section on transcutaneous electrical nerve stimulation states: TENS, chronic pain (transcutaneous electrical nerve stimulation) Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters, which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured. This treatment option is recommended as an adjunct to a program of evidence based functional restoration. However, it is recommended for a one-month trial to document subjective and objective gains from the treatment. There is provided documentation of a one-month trial period with objective measurements of improvement in pain and function. Therefore, criteria have been met and the request is medically necessary.