

Case Number:	CM15-0182649		
Date Assigned:	09/23/2015	Date of Injury:	10/21/2001
Decision Date:	11/06/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/16/2015

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: Texas, California

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 is a 77 year old male patient, who sustained an industrial injury on 10-21-2001. The diagnoses include osteoarthritis of knee and cellulitis of leg. Per the progress note dated 07-10-2015, he had complaints of constant left knee pain with radiation to his ankle rated 3 out of 10 on the pain scale. The physical examination revealed no redness noted at three and a half months status post revision to total knee arthroplasty. Per the note dated 4/10/15, the medication list includes levaquin, Norco and dicofenac. He has had X-rays of the left knee (three views) which revealed a well-positioned and well-fixed left total knee arthroplasty. He has undergone revision to left total knee arthroplasty on 3/25/2015; left total knee replacement in 2009; right total knee replacement in 2008. He has had physical therapy visits for this injury. The Utilization Review with a decision date of 09-09-2015 non-certified the request for TENS (Transcutaneous Electrical Nerve Stimulation) Unit left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit left knee: 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: According the cited guidelines, TENS is "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".

Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use)." Per the MTUS chronic pain guidelines, there is no high grade scientific evidence to support the use or effectiveness of electrical stimulation for chronic pain. The patient does not have any objective evidence of CRPS I and CRPS II that is specified in the records provided. Evidence of diminished effectiveness of medications or intolerance to medications is not specified in the records provided. The medical necessity of TENS unit left knee is not established for this patient.