

Case Number:	CM15-0186296		
Date Assigned:	09/28/2015	Date of Injury:	06/06/2014
Decision Date:	11/09/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/22/2015

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: Physical Medicine & Rehabilitation

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 40 year old male, who sustained an industrial injury on 6-06-2014. The injured worker is being treated for chondromalacia patellae and pain in joint lower leg. Treatment to date has included surgical intervention (arthroscopic left partial medial meniscectomy on 1-14-2015). Per the Primary Treating Physician's Progress Report dated 8-25-2015, the injured worker reported increased left lateral ankle and right knee pain with occasional popping and giving way. Objective findings included tenderness noted over the patella of the right knee. There are no objective findings of the ankle recorded on this date. Work status was temporarily totally disabled. The plan of care included 30-day trial transcutaneous electrical nerve stimulation (TENS) for ankle calcaneal fibular strain, and consultation for left ankle osteochondritis dessicans in the left heel. Authorization was requested on 8-29-2015, for TENS unit and supplies (rental or purchase) and follow-up consultation with a podiatrist for the left ankle. On 9-04-2015, Utilization Review non-certified the request for TENS unit and supplies (rental or purchase).

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit and supplies: 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 patient presents on 08/25/15 with increasing left lateral ankle and right knee pain, with occasional popping and give-way of the right knee noted. The patient's date of injury is 06/06/14. Patient is status post arthroscopic left medial meniscectomy on 01/14/15. The request is for tens unit and supplies. The RFA is dated 08/29/15. Physical examination dated 08/25/15 reveals tenderness to palpation over the right patella. The remaining examination is unremarkable. The patient's current medication regimen is not provided. Patient is currently classified as temporarily totally disabled. MTUS Guidelines, Transcutaneous electrotherapy section, page 114-116, under Criteria for the use of TENS states: "A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Chronic intractable pain (for the conditions noted above): Documentation of pain of at least three months duration; There is evidence that other appropriate pain modalities have been tried (including medication) and failed; A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial; Other ongoing pain treatment should also be documented during the trial period including medication usage; A treatment plan including the specific short and long-term goals of treatment with the TENS unit should be submitted; A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary." In regard to the one-month rental trial of a TENS unit, the request is appropriate. Progress notes do not indicate that this patient has trialed a TENS unit to date. This patient presents with chronic right ankle and right knee pain poorly controlled by conservative measures to date, MTUS guidelines support TENS unit usage for complaints of this nature. Utilization review non-certified this request on grounds that: "there is no mention of a prior use and benefit from use of this modality to justify home use or rental." However, progress note dated 08/25/15 indicates that this patient utilized a TENS unit during previous physical therapy appointments with positive results. Given the intent to perform a 30-day trial of the unit, the request as written is in-line with guideline recommendations and could produce benefits for this patient. Therefore, the request IS medically necessary.