

Case Number:	CM15-0187530		
Date Assigned:	09/29/2015	Date of Injury:	08/30/2013
Decision Date:	11/09/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/23/2015

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: Preventive Medicine, Occupational 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:

The injured worker is a 54 year old male, who sustained an industrial injury on 08-30-2013. The injured worker is currently temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for right knee meniscus tear and right shoulder labral tear, partial thickness tear supraspinatus and infraspinatus. Treatment and diagnostics to date has included use of TENS (Transcutaneous Electrical Nerve Stimulation) Unit (since at least 05-18-2015), physical therapy, and medications. Current medications include Tramadol ER, Naproxen, Pantoprazole, and Cyclobenzaprine. After review of progress notes dated 07-20-2015 and 08-10-2015, the injured worker reported 7-8 out of 10 right shoulder pain and 5 out of 10 right knee pain. Objective findings included tenderness to right knee with crepitation with range of motion and swelling of right knee. The Utilization Review with a decision date of 09-04-2015 denied the request for TENS (Transcutaneous Electrical Nerve Stimulation) Unit x 30 day trial for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit x30 day trial for the Right 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): Electrical stimulators (E-stim).

Decision rationale: The use of TENS for chronic pain is not recommended by the MTUS Guidelines as a primary treatment modality, but a one-month home-based TENS trial may be considered if used as an adjunct to a program of evidence-based functional restoration in certain conditions. A home based treatment trial of one month may be appropriate for neuropathic pain and CRPS II and for CRPS I. There is some evidence for use with neuropathic pain, including diabetic neuropathy and post-herpetic neuralgia. There is some evidence to support use with phantom limb pain. TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. It may be useful in treating MS patients with pain and muscle spasm. The criteria for use of TENS include chronic intractable pain (for one of the conditions noted above) with documentation of pain of at least three months duration, 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, and a treatment plan including specific short and long term goals of treatment. In this case, the available documentation provides evidence that the injured worker has used a TENS unit since at least 05/18/15, therefore this request for a 30 day trial is not warranted. Additionally, there is a lack of documentation of the efficacy of the treatment, therefore, the request for TENS Unit x30 day trial for the right knee is not medically necessary.