

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0189504 | | |
| Date Assigned: | 10/01/2015 | Date of Injury: | 07/11/2012 |
| Decision Date: | 11/16/2015 | UR Denial Date: | 08/25/2015 |
| Priority: | Standard | Application Received: | 09/25/2015 |

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: Pennsylvania

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:

The injured worker is a 49 year old male, who sustained an industrial injury on 7-11-12. Current diagnoses or physician impression includes pes anserine tendonitis and mild medial collateral ligament strain. His works status is permanent and stationary. Notes dated 6-17-15 - 7-15-15 reveals the injured worker presented with complaints of left knee pain rated at 4 out of 10. Physical examinations dated 6-17-15 - 8-5-15 revealed left knee medial joint line tenderness and medial femoral condyle tenderness. Treatment to date has included physical therapy and medications. Diagnostic studies to date have included urine toxicology screen, and an MRI, which showed a small left knee effusion and no evidence of meniscus tear, per physicians note dated 8-5-15. A request for authorization dated 8-13-15 for TENS unit for the left knee pain (indefinite use) #1 is denied, per Utilization Review letter dated 8-26-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit for Left Knee Pain (Indefinite Use) #1: 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 to the MTUS, 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 neuropathic pain, phantom limb pain, spasticity, and multiple sclerosis. According to the 8/11/15 progress note, this worker is prescribed TENS for knee pain due to tendonitis and strain which is not one of the conditions for which TENS is indicated. The note states that this worker has had benefit from TENS in the past but there is no documentation of a one-month trial or a record for what condition the TENS was previously applied. Therefore, the request is not medically necessary.