

Case Number:	CM15-0190011		
Date Assigned:	10/02/2015	Date of Injury:	01/27/2012
Decision Date:	11/09/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/28/2015

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: 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 66 year old female, who sustained an industrial injury on 1-27-12. The injured worker was diagnosed as having left knee degenerative osteoarthritis; meniscal tear; right knee internal derangement; lumbar intradiscal component; lumbar radiculopathy; right shoulder cuff pathology; right ankle pain with osteoarthopathy-osteochondral defect; cervical myofascial pain. Treatment to date has included acupuncture; physical therapy; knee injections; medications. Diagnostics studies included MRI lumbar spine (2-9-15); EMG-NCV lower extremities (2-23- 15). Currently, the PR-2 notes dated 7-30-15 indicated by the providers documentation the injured worker complains of "left knee pain 8 out of 10; inquiries in regards to requested left total knee arthroplasty. Right knee pain 7 out of 10 scale. Low back pain with lower extremity symptoms 9 out of 10 scale. Right shoulder pain 6 out of 10 scale. Right ankle pain 5 out of 10 and cervical pain 7 out of 10. Medications include cyclobenzaprine and tramadol ER. Cycled as pain does facilitate significant diminution in spasm and tramadol does decrease pain. Expresses concerns in regard to GI upset with NSAID. Recalls NSAID did facilitate improved range of motion as failed due to adverse GI effects. Failed Celebrex. Recall successful trial of topical NSAID." The provider documents his Objective Findings as: Tenderness left knee. No signs of infection. Incision well healed. Lacks 5 degrees extension, flexion 90 degrees with pain. Favors right lower extremity with ambulation. Tenderness right knee diffusely. 1+ effusion right knee. Tenderness lumbar spine. Lumbar range of motion: flexion 60 degrees, extension 40 degrees, left and right lateral tilt 40 degrees, left and right rotation 40 degrees. Positive straight leg raise bilaterally. Diminished sensation right greater than left L5 and S1 dermatomal distributions.

Right EHL 4+ out of 5. Left EHL 4+ out of 5, left eversion 5 minus out of 5. Tenderness right shoulder. Right shoulder range of motion: flexion 120 degrees, abduction 120 degrees, moderately positive impingement signs right shoulder. Tenderness right ankle diffusely, greatest at lateral aspect. Pain with range of motion of foot at ankle. Tenderness cervical spine. Cervical range of motion: flexion 60 degrees, extension 30 degrees, left rotation 35 degrees, right rotation 40 degrees, left and right lateral tilt 25 degrees. Pain with range of motion assessment. No focal upper extremity neurologic deficit. Spasm of the lumboparaspinal musculature and cervical trapezius. The provider's treatment plan documents to "continue with request for left total knee arthropathy; observe in regards to right knee. Request MRI of the right shoulder due to condition is worsening with decline in activity and function and rule out impingement-rotator cuff pathology. Continue with chiropractic therapy request for lumbar spine, and request acupuncture for lumbar spine and bilateral knees. Continue to request 4 wheel walker with seat as well as LSO and TENS unit." A Request for Authorization is dated 8-31-15. A Utilization Review letter is dated 8-31-15 and non-certification was for TENS (transcutaneous electrical nerve stimulation). A request for authorization has been received for TENS (transcutaneous electrical nerve stimulation).

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (transcutaneous electrical nerve stimulation): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has received extensive conservative medical treatment to include chronic analgesics and other medication, extensive physical therapy, activity modifications, yet the patient has remained symptomatic and functionally impaired. There is no documentation on how or what TENS unit is requested, whether this is for rental or purchase, previous trial of benefit if any, nor is there any documented short-term or long-term goals of treatment with the TENS unit. There is no evidence for change in functional status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the treatment already rendered. The TENS (transcutaneous electrical nerve stimulation) is not medically necessary and appropriate.