

Case Number:	CM15-0191824		
Date Assigned:	10/05/2015	Date of Injury:	07/08/2013
Decision Date:	11/16/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	09/29/2015

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: Emergency 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 female, with a reported date of injury of 07-08-2013. The diagnoses include left knee medial meniscal tear. Treatments and evaluation to date have included Celebrex, Tramadol, Kokua cream, and physical therapy. The diagnostic studies to date have included an MRI of the left knee on 04-14-2015 which showed a small effusion, medial plica, significant patellofemoral chondromalacia and mild patellofemoral osteoarthritis, inner marginal tear of the body and posterior zone of the lateral meniscus, and oblique full-thickness tear of the posterior junctional zone medial meniscus. The progress report dated 09-08-2015 indicates that the injured worker returned for follow-up of her bilateral knee lateral meniscal tear. She was status post a right knee arthroscopy and partial lateral meniscectomy. It was noted that the injured worker was awaiting the approval for a left knee arthroscopy and partial lateral meniscectomy with possible medial meniscectomy. The pain felt that the pain was getting worse in both knees. Her left knee was worse than the right knee. The injured worker complained of increased swelling with mild-to-moderate increase in activity level. The physical examination of the knee showed range of motion was 0 to 110 degrees bilaterally, pain on maximal flexion, tenderness along the joint lines, stable collateral and cruciate ligaments, pain with McMurray's test, particularly in the lateral compartments, and slight right quadriceps atrophy. The injured worker remained on temporary disability until 11/01/2015. The request for authorization was dated 09-14-2015. The treating physician requested one TENS unit (indefinite use). On 09-21-2015, Utilization Review (UR) non-certified the request for one TENS unit (indefinite use).

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit (indefinite use) Qty: 1.00: 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: As per MTUS Chronic pain guidelines, TENS (Transcutaneous Electrical Nerve Stimulation) may be recommended only if it meets criteria. Evidence for its efficacy is poor. Pt does not meet a single criteria to recommend TENS. TENS is only recommended for neuropathic or Complex Regional Pain Syndrome (CRPS) pain. Patient has a diagnosis of chronic knee pain. Guidelines recommend use only with Functional Restoration program which is not documented. There is no documentation of short or long term goal of TENS unit. There is no documentation of an appropriate 1month trial of TENS. MTUS also recommends rental over purchase, there is no documentation as to why a TENS unit needed to be purchased instead of rented. Patient fails multiple criteria for TENS purchase. TENS is not medically necessary.