

Case Number:	CM15-0198842		
Date Assigned:	10/16/2015	Date of Injury:	09/01/1998
Decision Date:	12/07/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/09/2015

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 60 year old female, who sustained an industrial injury on 09-01-1998. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for right knee chondromalacia, and lumbar strain or sprain. Medical records (06-11-2015 to 09-17-2015) indicate ongoing low back pain and right knee pain. Pain levels were rated 2-8 out of 10 in severity on a visual analog scale (VAS) and was noted to be decreasing. Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 09-17-2015, revealed no changes from previous exam. An exam performed on 08-13-2015, revealed an antalgic gait, range of motion (ROM) in the right knee of 0-120° before being limited by pain, a palpable cyst in the posterior fossa of the right knee, tenderness to the medial joint line of the right knee, positive McMurray's and patellar grind tests, and tenderness to palpation over the lumbar paravertebral muscles with mild spasm on the right of the lumbosacral junction. Relevant treatments have included right knee arthroscopic surgery, physical therapy (PT), daily use of TENS (Transcutaneous Electrical Nerve Stimulation) unit, work restrictions, and pain medications. The request for authorization (0-18-2015) shows that the following equipment was requested: TENS patches times 4. The original utilization review (09-30-2015) non-certified the request for TENS patches times 4.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS patches x4: Upheld

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

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

Decision rationale: The current request is for TENS patches x4. The RFA is dated 09/18/15. Treatment history include right knee arthroscopic surgery, physical therapy, HEP, use of TENS (Transcutaneous Electrical Nerve Stimulation) unit, work restrictions, and pain medications. The patient is temporarily totally disabled. MTUS Chronic Pain Medical Treatment Guidelines, pg114-121, 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. For the conditions described below." MTUS states that a TENS unit can be used for Neuropathic pain, Phantom limb pain, CRPS II, Spasticity, and Multiple sclerosis (MS). Per report 09/17/15, the patient continues to report low back described as a "dull ache," and right knee pain with some swelling. A physical exam was performed on 08/13/15, which revealed antalgic gait, decreased ROM in the right knee, and tenderness to palpation over the lumbar paravertebral muscles with mild spasm on the right. The patient continues to participate in a home exercise program, take pain medications, and use a TENS unit. The patient uses his TENS unit daily with "30% attenuation in pain lasting 2 hours." The treater requested a refill of medications, and TENS patches. In this case, the patient has been utilizing a TENS daily with 30% decrease in pain, but there is no discussion regarding functional changes. MTUS allows for extended use when there are "outcomes in terms of pain relief and function." This patient does not meet the criteria for extended use. Therefore, the requested TENS patches are not medically necessary.