

Case Number:	CM15-0203421		
Date Assigned:	10/20/2015	Date of Injury:	07/05/2007
Decision Date:	12/03/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/15/2015

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 67-year-old female who sustained an industrial injury on 7-5-2007 and has been treated for chronic right knee pain "due to degenerative osteoarthritis." On 8-26-2015 the injured worker reported right knee pain at 7 out of 10, which was relieved during the visit to 2 out of 10 after receiving a cortisone injection. Other documented treatment includes physical therapy, home exercise, and medication: Ibuprofen, Voltaren Gel and Lidoderm Patch. Medication is noted to bring pain from 9 down to 4 out of 10. The physician's note states that she has had increasing right knee "buckling" and is at an increased risk for injury. Weakness was noted of the right quadriceps muscle. The note states that physical therapy has been approved, and the treating physician's plan of care also includes a home TENS unit stated on the 8-26-2015 request for authorization to have been "used successfully at physical therapy." This request was denied on 9-18-2015. Current work status is permanent disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit for Home Use (Right Knee): 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 a TENS Unit For Home Use (Right Knee). The RFA is dated 08/26/15. Treatment history includes cortisone injections to the knee, physical therapy, home exercise, and medication: Ibuprofen, Voltaren Gel and Lidoderm Patch. MTUS Guidelines, Transcutaneous Electrotherapy section, page 116 states that TENS unit have not proven efficacy in treating chronic pain and is not recommend as a primary treatment modality, but a 1-month home-based trial may be considered for a specific diagnosis of neuropathy, CRPS, spasticity, a phantom limb pain, and multiple sclerosis. When a TENS unit is indicated, a 30-day home trial is recommended, and with the documentation of functional improvement, additional usage maybe indicated. Per report 08/26/15, the patient presents with chronic right knee pain. Examination findings revealed quadriceps weakness. The patient had a recent cortisone injections which provided some relief. The treater recommended a TENS unit for home use, as she had some success with previous use during physical therapy. MTUS allows for a one month home based trial for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, or multiple sclerosis. This patient suffers from for chronic right knee pain due to degenerative osteoarthritis. This patient does not meet any of the indications, set forth by MTUS, for the use of a TENS unit. Therefore, this request is not medically necessary.