

Case Number:	CM15-0205029		
Date Assigned:	10/21/2015	Date of Injury:	01/08/2015
Decision Date:	12/03/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/19/2015

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:

This is a 42-year-old male with a date of industrial injury 1-8-2015. The medical records indicated the injured worker (IW) was treated for chondromalacia of the left knee and sprain-strain of the left knee. In the progress notes (9-22-15), the IW reported he was working full duty and tolerating it well. He stated he received a TENS unit and found it to be helpful for his left knee pain. On examination (7-28-15, 9-22-15 notes), his gait was normal. There was no joint effusion, muscular atrophy, joint clonus or fasciculation present in the left knee. Flexion was 140 degrees and extension 0 degrees, with discomfort at the end ranges. No instability was noted; anterior and posterior drawer signs were negative. No medial or lateral collateral ligament laxity was noted. There was diffuse tenderness to palpation. The distal neurocirculatory status of the left lower extremity was within normal limits; there was no obvious sensory or motor deficit. Treatments included physical therapy, cortisone injection, crutches, knee bracing and home exercise program. The IW was working full time without restrictions. A Request for Authorization was received for purchase of home TENS (transcutaneous electrical nerve stimulation) unit for the left knee. The Utilization Review on 10-8-15 non-certified the request for purchase of home TENS (transcutaneous electrical nerve stimulation) unit for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of home transcutaneous electrical nerve stimulation (TENS) unit for the left knee: 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: Specified criteria for the use of TENS Unit include trial in conjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain for diagnosis such as neuropathy or CRPS of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication, not demonstrated here. The patient does not exhibit any neurological deficits or decreased in range and is working full duty without limitations. There is no documentation on how or what TENS unit is requested, 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 with decreased VAS score, medication usage, or treatment utilization from the treatment already rendered for this purchase. The Purchase of home transcutaneous electrical nerve stimulation (TENS) unit for the left knee is not medically necessary and appropriate.