

Case Number:	CM15-0205095		
Date Assigned:	10/22/2015	Date of Injury:	11/18/2009
Decision Date:	12/10/2015	UR Denial Date:	10/14/2015
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: Texas, California

Certification(s)/Specialty: Family Practice

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 male, who sustained an industrial injury on 11-18-2009. A review of the medical records indicates that the worker is undergoing treatment for right knee sprain-strain, medial meniscal tear status post right total knee replacement and chondromalacia of the right patella. The injured worker underwent right total knee arthroplasty on 05-15-2015. Subjective complaints (06-04-2015) included 7 out of 10 right knee pain with slowly improving range of motion and decreased swelling. Objective findings revealed swelling of the right knee with warmth, healed incision and range of motion of +7-100 degrees with reasonable quadriceps contraction. The plan of care included a referral to outpatient physical therapy for the right knee, a home exercise program and pain medication. Subjective complaints (08-14-2015) included residual anterior and lateral right knee pain with tightness of the right thigh. Objective findings (08-14-2015) revealed minimal swelling of the right knee, slight tenderness of the lateral retinaculum with range of motion of 0 to 125 degrees. The plan of care included continued physical therapy and a home exercise program with likely tapering of pain medications. Subjective complaints (09-25-2015) included right knee pain from prolonged sitting and pain at the end of the day with increased activity but noted that pain had improved. The injured worker was noted to be nearly done with physical therapy and was noted to be using transcutaneous electrical nerve stimulator (TENS) unit in physical therapy which was noted to be helpful. The worker was noted to be using less pain medication. Objective findings (09-25-2015) included range of motion of the right

knee of 0-125 degrees with minimal swelling. Treatment has included pain medication, transcutaneous electrical nerve stimulator (TENS) in physical therapy and at least 30 visits of post-operative physical therapy. The physician stated that the worker was doing very well and was pleased with progress. Physical therapy notes show that 10 minutes of TENS therapy was provided during visits and decreased pain and increased objective function was documented with therapy visits. The treatment plan included x-rays of the right knee, pain management visit for probable narcotics tapering and TENS unit for home use with home exercises. The patient sustained the injury due to lot of heavy lifting for several years. The medication list includes Percocet, Tramadol, Xanax and Ambien. The patient has had history of constipation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of TENS unit for home use for the right 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: According the cited guidelines, electrical stimulation (TENS), is not recommended as a primary treatment modality. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. According the cited guidelines, criteria for the use of TENS is evidence that other appropriate pain modalities have been tried (including medication) and failed. As well as a treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. Evidence of neuropathic pain, CRPS I and CRPS II was not specified in the records provided. The patient has received an unspecified number of PT visits for this injury. A detailed response to previous conservative therapy was not specified in the records provided. The previous conservative therapy notes were not specified in the records provided. In addition a treatment plan including the specific short- and long-term goals of treatment with the TENS unit was not specified in the records provided. The records provided did not specify recent physical therapy with active PT modalities or a plan to use TENS as an adjunct to a program of evidence-based functional restoration. Evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The request for Purchase of TENS unit for home use for the right knee is not medically necessary or fully established for this patient.