

Case Number:	CM15-0209397		
Date Assigned:	10/28/2015	Date of Injury:	08/04/2010
Decision Date:	12/08/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/23/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 36 year old male, who sustained an industrial injury on 8-4-2010. Medical records indicate the worker is undergoing treatment for right knee pain-status post right knee arthroscopy. A recent progress report dated 9-14-2015, reported the injured worker's complaints were not noted on the record. Physical examination revealed right knee flexion was 119 and extension was -2. Right knee x-ray showed all findings were within normal limits. Treatment to date has included knee brace, physical therapy, and medication management. It was noted the injured worker cannot take narcotics. The physician is requesting a TENS (transcutaneous electrical nerve stimulation) unit. On 10-1-2015, the Utilization Review non-certified the request for TENS (transcutaneous electrical nerve stimulation) unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), TENS (transcutaneous electrical nerve stimulation).

Decision rationale: According to the cited CA MTUS, transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality. However, it may be used as a noninvasive conservative adjunct for an evidence-based functional restoration program during a one-month home-based TENS trial. ACOEM guidelines state that some studies have shown that transcutaneous electrical neurostimulation (TENS) units may be beneficial in patients with chronic knee pain, but there is insufficient evidence of benefit in acute knee problems. The ODG further states that TENS is recommended as an option for injured workers in a therapeutic exercise program for treatment of pain in osteoarthritis. Based on the limited treating provider notes available, there is no indication of that the injured worker is in a physical medicine program and there was no documentation for how the TENS unit would be specifically used, to include length of use and evaluation of efficacy. Therefore, the request for transcutaneous electrical nerve stimulation unit is not medically necessary and appropriate.