

Case Number:	CM15-0020979		
Date Assigned:	02/10/2015	Date of Injury:	10/11/2014
Decision Date:	04/01/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/03/2015

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 40 year old female, who sustained an industrial injury on 10/11/2014. She has reported subsequent right knee pain and was diagnosed with osteoarthritis of the knee. Treatment to date has included oral pain medication, H wave unit and surgery. In a progress note dated 12/30/2014, the injured worker complained of continued pain, stiffness and swelling of the knee. Objective physical examination findings were notable for 1+ effusion of the right knee, tenderness to palpation along the medial and lateral joint lines and a positive McMurray's sign. The physician noted that an H wave unit had helped to reduce the injured worker's pain in the past. A request for authorization of TENS unit/H wave unit was made. On 01/09/2015, Utilization Review non-certified a request for TENS unit/H wave unit, noting that the injured worker was not suffering from neuropathic pain or complex regional pain syndrome and has not had pain or at least 3 months duration. MTUS guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit/ H Wave Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS in chronic intractable pain H-wave Page(s): 116, 117.

Decision rationale: The patient presents with right knee pain. The request is for TENS UNIT / H WAVE UNIT. The request for authorization is dated 01/07/15. Per progress report dated 12/30/14, MRI dated 12/19/14 shows tricompartmental osteoarthritis, intraarticular osseous body in the lateral gutter of the patellofemoral joint recess and chondromalacia. Patient has failed to adequately respond to aspiration and injection of intraarticular steroids. Patient states he has tried conservative modalities of rest, ice, anti-inflammatories, analgesics, home stretching and strengthening exercise program without any lasting relief. Patient is temporarily totally disabled. According to MTUS Chronic Pain Management Guidelines the criteria for use of TENS in chronic intractable pain (p116) "a one month trial period of the TENS unit should be documented (as an adjunct to other 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 during this trial." Per MTUS Guidelines page 117, "H-wave is not recommended as an isolated intervention, but a 1-month home-based trial of H-wave stimulation may be considered as a non-invasive conservative option for diabetic, neuropathic pain, or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration and only following failure of initially recommended conservative care and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." MTUS further states trial periods of more than 1 month should be justified by documentations submitted for review. Treater has not provided reason for the request. There is no record that patient has trialed a TENS unit in the past, and a trial would be indicated. MTUS requires documentation of one month prior to dispensing home units. Guidelines also require documentation of use of TENS, as an adjunct to other treatment modalities, within a functional restoration approach. Additionally, the patient does not present with an indication for TENS unit. MTUS supports TENS units for neuropathic pain, spasticity, MS, phantom pain, and others. Per progress report dated 12/30/14, treater states, "For his other account for his right knee injury, he also utilized the H-wave unit which provided him with great relief." However there is lack of documentation in treatment reports by provider, such as any pain scales, reduction in medication use, and previously failed TENS trial. The request is not in accordance with guideline indications. Therefore, the request IS NOT medically necessary.