

Case Number:	CM15-0226040		
Date Assigned:	11/24/2015	Date of Injury:	05/09/2011
Decision Date:	12/31/2015	UR Denial Date:	11/12/2015
Priority:	Standard	Application Received:	11/17/2015

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: Arizona, 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 52 year old female, who sustained an industrial injury on 5-9-2011. According to physician documentation, the injured worker was diagnosed with chronic low back pain, degenerative disc disease, radiculopathy, left knee strain, left ankle Achilles tendon tear and right knee internal derangement with repair. Subjective findings dated 9-22-2015, were notable for severe left knee pain with difficulty bending, and low back pain secondary to altered gait. Objective findings dated 9-22-2015 were notable for spasms of the lumbar spine with limited and painful range of motion, with a positive Lasegue test on the right, straight leg raise noted at 65 degrees, tenderness over the facet joints, patellofemoral crepitation and Apley grind of the right knee, mild effusion and tenderness over lateral joint line of the left knee, tenderness over medial cruciate ligament of the left knee with tenderness over the left Achilles and the MCL and a positive McMurray test for the left knee and positive Thompson test with soft tissue swelling at insertion. On 7-22-2012, an MRI of the lumbar spine was performed revealing, hyper-extension of lumbar lordotic curvature, annular tear at (lumbar) L5-S1 (sacral), loss of disc height at L3-L4, diffuse disc protrusion compressing the thecal sac at L3-L4 and diffuse disc protrusion effacing the thecal sac at L5-S1. On 7-22-2012, an MRI of the right knee revealed an intact ACL prosthesis, mild knee joint effusion, degenerative changes in the form of osteophytes and reduced joint space and medial meniscal extrusion. On 1-11-2013, an MRI of the right knee revealed a Baker's cyst and small knee joint effusion. MRI of the left ankle was performed on 7-28-2013, revealing mild thickening of the plantar fascia, Achilles tendon intrasubstance tear and subcutaneous edema above the ankle. Treatments to date have included Motrin 800mg and

Flexeril 10mg. The Utilization Review determination dated 11-12-2015 did not certify treatment/service requested for TENS unit (Transcutaneous Electrical Nerve Stimulation) (for indefinite use).

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit (indefinite use): 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 to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. Long-term use is not supported by the guidelines. The request for indefinite use of a TENS unit is not medically necessary.