

Case Number:	CM15-0035845		
Date Assigned:	03/04/2015	Date of Injury:	11/04/2009
Decision Date:	04/15/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	02/25/2015

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 31-year-old male who sustained an industrial injury on 11/04/2009. Diagnoses include bilateral knee contusion, rule out internal derangement of the left knee, status post left knee arthroscopic partial lateral meniscectomy, extensive synovectomy, chondroplasty on 02/03/2014, and lumbosacral strain. Treatment to date has included medications, physical therapy, and surgery. A physician progress note dated 02/12/2015 documents the injured worker has left knee pain rated a 2-7 out of 1- and it is a constant ache. Physical therapy has helped to decrease her pain, and pain is better tolerated overall. She has pain in her lumbosacral area and pain varies and is 5-8 out of 10. She has numbness and tingling in her right leg, which is intermittent, and weakness in both legs. Physical therapy does not help significantly, just mildly. Treatment requested is for 1 Month neurostimulator TENS-EMS trial. On 02/19/2015 Utilization Review non-certified, the request for 1 Month neurostimulator TENS-EMS trial and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Guidelines Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Month nuerostimulator TENS-EMS trial: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, NMES Page(s): 114-121.

Decision rationale: The patient presents with left knee pain rated at 2-7/10 and lumbar spine pain rated at 5-8/10. The request is for 1 MONTH NUEROSTIMULATOR TENS - EMS TRIAL. The request for authorization is dated 02/16/15. The patient is status-post left knee meniscus surgery 02/03/14. Knee pain did improve with surgery, but pain is persistent. Physical therapy is helping to decrease her pain in the left knee. She will continue with physical therapy but will consider MRA if pain persists. Physical therapy does not help significantly with lumbar spine pain, will see if initial trial of chiro will decrease her pain. Home exercise program is helpful in reducing pain and improving function. The patient reports increased pain in her bilateral knees and lower back with activities of daily living including doing laundry, household chores, ascending/descending stairs, or any activity that requires lifting, carrying, pushing/pulling. Patient's medications include Naproxen and Ultram. The patient is temporarily very disabled. MTUS Guidelines page 114 to 116 on TENS unit states that it is not recommended as a primary treatment modality, but a 1-month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. MTUS Guidelines page 121 on neuromuscular electrical stimulation (NMES devices) states, "Not recommended. NMES is used primarily as a part of rehabilitation program following stroke, and there is no evidence to support its use in chronic pain. There is no intervention trial suggesting benefit from NMES for chronic pain." Treater does not provide reason for the request. The request is for a dual unit, of which EMS or electrical muscle stimulator, also known as NMES is specifically not recommended for chronic pain. MTUS guidelines do not support neuromuscular stimulator (NMES) except for stroke rehabilitation. In this case, the patient presents with left knee and low back pain. The request does not meet guideline indications. Therefore, the request IS NOT medically necessary.