

Case Number:	CM15-0036826		
Date Assigned:	03/05/2015	Date of Injury:	09/18/2012
Decision Date:	04/09/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/26/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 58 year old female injured worker suffered an industrial injury on 9/18/2012. The diagnoses were right knee sprain/strain, left rotator cuff strain/sprain. The treatments were right knee arthroscopy and left rotator cuff repair. The treating provider reported tenderness to the left shoulder and right knee. The Utilization Review Determination was on 1/27/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) transcutaneous electrical nerve stimulator for 30 days trial as an outpatient:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, TENS.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, one transcutaneous electrical nerve stimulator, 30 day trial, is not

medically necessary. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. TENS is clinically indicated in the shoulder for post stroke rehabilitation. TENS application to the knee is recommended as an option for osteoarthritis as an adjunct treatment to a therapeutic exercise program. See the guidelines for additional details. In this case, the injured worker's working diagnoses are status post left shoulder rotator cuff repair; status post right knee arthroscopy and partial meniscectomy; and right knee mild osteoarthritis. Subjectively, pursuant to a January 12, 2015 progress note, state the injured worker has pain in the left shoulder and right knee. The VAS pain score is 1-2/10 and improves with medications. The treating physician has requested physical therapy in conjunction with TENS. TENS is clinically indicated in the shoulder for post stroke rehabilitation. TENS application to the knee is recommended as an option for osteoarthritis as an adjunct treatment to a therapeutic exercise program. The treating physician does not state a clear indication and regional application for the TENS unit. It is unclear whether TENS application to the knee is for osteoarthritis or pain resulting from prior right knee arthroscopy and partial meniscectomy. TENS is not indicated for the latter. Additionally, TENS to the shoulder is not indicated unless the injured worker is being treated for post stroke rehabilitation. There is no clinical evidence of post stroke rehabilitation medical record. Consequently, absent clinical documentation and an appropriate clinical rationale along with specific short and long-term goals to be achieved, one transcutaneous electrical nerve stimulator, 30-day trial, is not medically necessary.