MAXIMUS Federal Services

Case Number:	CM15-0041272		
Date Assigned:	03/11/2015	Date of Injury:	07/16/2010
Decision Date:	04/21/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/04/2015

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, Hawaii
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 64-year-old female, who sustained an industrial injury on July 16, 2010. The injured worker was diagnosed as having right knee meniscus tear and pain in joint lower leg. Treatment to date has included bilateral knee surgery, lumbar surgery, physical therapy and medication. A progress note dated February 12, 2015 the injured worker complains of increased pain and swelling of right knee since last physical therapy session. Her pain is rated 4-5/10. The plan is to continue physical therapy, hot/cold packs, home exercise, medication and Transcutaneous Electrical Nerve Stimulation (TENS) unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS home unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114.

Decision rationale: The patient presents with knee pain. The current request is for TENS home unit purchase. The treating physician states, "The patient reports continued improvement. Medications as well as Physical Therapy are proving effective in improving patient's pain levels, function, and ROM and overall sense of comfort. She continues to have difficulty with heavy lifting/pushing/pulling with weakness. Continues difficulty with inclines. TENS unit rental was approved in December 2014 which she found to be most helpful in conjunction with PT. She is requesting a home unit today. She is approximately 4 months post operative. I think the TENS unit will benefit her." (B.32) The MTUS guidelines state: "A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing 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; rental would be preferred over purchase during this trial." In this case, the patient did complete a trial of the TENS unit which did improve her condition along with PT. However, there is no documentation provided that explains how often the unit was used and what the outcomes were in terms of pain relief and function. The only indication that is given, is that in conjunction with PT the patient's overall condition improved. The documentation provided is not sufficient enough to warrant the purchase of a TENS unit. The current request is not medically necessary and the recommendation is for denial.