

Case Number:	CM15-0041800		
Date Assigned:	03/12/2015	Date of Injury:	03/09/2008
Decision Date:	04/21/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/05/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This 63-year-old female sustained an industrial injury to the left knee on 3/9/06. Previous surgeries included left knee ACL reconstruction with partial medial and lateral meniscectomy, left knee meniscus transplant with allograft, left knee medial meniscectomy and chondroplasty, open reduction internal fixation left knee and arthroscopic debridement of left knee. Additional treatment included lumbar sympathetic nerve blocks, spinal cord stimulator trial, injections, physical therapy, medications and home exercise. In a PR-2 dated 2/6/15, the injured worker complained of constant burning pain in the left knee with radiation to the left leg and thigh associated with left lower extremity weakness. The injured worker rated her pain 7-8/10 on the visual analog scale without medications and 4-5/10 with medications. Physical exam was remarkable for left knee with tenderness to palpation along the medial joint line, restricted range of motion, mild atrophy of the left suprapatellar muscles, mild flexion contraction, allodynia, hyperalgesia and diminished sensation to light touch along the lateral border of the left leg. Current diagnoses included ACL tear of the left knee, left knee lateral and medial meniscus tears, left patellofemoral joint syndrome, diabetic polyneuropathy, status post breast and colon cancer, left thigh muscle atrophy and chronic myofascial pain syndrome. The treatment plan included requesting authorization for a peripheral nerve field stimulator trial, continuing medications (Morphine ER, Neurontin, Protonix and Naproxen) and continuing home exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Peripheral Nerve Field Stimulator, trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous electrical nerve stimulation (PENS) Page(s): 98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulation Page(s): 97.

Decision rationale: According to MUTUS guidelines, PENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. Furthermore, there is no efficacy of previous use of TENS. There is no recent documentation of recent flare of pain. The provider should document how PENS will improve the functional status and the patient's pain condition. Therefore, the request for Peripheral Nerve Field Stimulator, trial is not medically necessary.