

Case Number:	CM15-0048271		
Date Assigned:	03/20/2015	Date of Injury:	09/30/2011
Decision Date:	05/06/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/13/2015

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 51 year old male who sustained an industrial injury on 9/30/11 involving his right knee resulting from walking on rebar and a left compensable injury to the left knee as a result of favoring the right knee. He received a cortisone injection and was released to work without restrictions but did not return to work. He received an MRI of the right knee which revealed a joint effusion, orthopedic consult resulting in arthroscopic partial medial meniscectomy, chondral shaving chondroplasty and resection of the medial parapatellar plica. Again was released to work and did not return to work. Of note, he sustained fractures of the left tibia and fibula resulting from a motorcycle accident in the late 1980's. He currently complains of sharp, constant, shooting pain in both knees and back pain that radiates to his right leg. His pain intensity is 6-7/10. His quality of sleep is fair. His medications include Norco, Celebrex, Amitiza, Pennsaid solution, Ambien, Colace and Senekot. Diagnoses include bilateral knee strain; patellar tendinitis with end-stage degenerative osteoarthritis, bilateral knees; history of medial meniscus tear, right knee, status post arthroscopic partial medial meniscectomy; internal derangement, left knee, lumbar strain, and lumbar degenerative disc disease. Treatments to date include cortisone injections, with medications which decrease his pain, left knee brace stabilizer, left knee injections. In the progress note dated 2/18/15 the treating provider recommended transcutaneous electrical nerve stimulator unit as reasonable and appropriate. The injured worker had used a unit in physical therapy with a 70% decrease in pain for several hours after use. In addition the treating provider is recommending the unit to also avoid medication escalation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment Tens Unit with supplies/rental: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, (transcutaneous electrical nerve stimulation) Page(s): 116.

Decision rationale: The patient presents with complaints of sharp, constant, shooting pain in both knees and back pain that radiates to his right leg. The current request is for Durable Medical Equipment TENS Unit with supplies/rental. The treating physician states on 2/18/15 (38) "Patient is requesting a TENS unit, he has used in PT with moderate pain relief. Notes 70% pain relief for several hours after its use." The treating physician goes on to say, ""TENS unit is requested to address pain complaints and avoid medication escalation." The QME on 1/2/15 (25) states "I would recommend the use of a patellofemoral stabilization type of knee brace and a transcutaneous electrical nerve stimulation unit. With regard to the lumbar spine, use of a back brace and transcutaneous electrical nerve stimulation unit is also reasonable and appropriate." According to MTUS guidelines on the criteria for the use of TENS in chronic intractable pain: "a one-month trial period of the TENS unit should be documented (as an adjunct to other 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 during this trial." And "a treatment plan including the short- and long term goals of treatment with the TENS unit should be submitted." In this case, the treating physician did not specify the amount of time for the trial rental and did not document the short and long-term goals of treatment with the TENS unit. The progress note documents a 70% decrease in pain but no increase in function or treatment modalities with a functional restoration approach. The requirements of the MTUS guidelines have not been met. The current request is not medically necessary and the recommendation is for denial.