

Case Number:	CM15-0051083		
Date Assigned:	03/24/2015	Date of Injury:	06/29/2014
Decision Date:	05/01/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/17/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 41 year old female, who sustained an industrial injury on June 29, 2014. She reported slipping and falling on both knees. The injured worker was diagnosed as having right knee sprain/strain and subluxation of the patella per MRI. Treatment to date has included knee x-rays, physical therapy, right knee MRI, home exercise program (HEP), chiropractic treatments, and medication. Currently, the injured worker complains of continuous bilateral knee pain. The Primary Treating Physician's report dated February 16, 2015, noted the injured worker reported that the medication helped with pain about 30-40%. The right knee examination was noted to show decreased range of motion (ROM) with diffuse tenderness to palpation near the patella. The treatment plan included a request for a TENS, depression screening, and ultrasound therapy. The injured worker was noted to have sufficient medications, including Naproxen, Omeprazole, and Lidopro ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Neuromuscular electrical stimulation (NMES devices), p121 (2) Transcutaneous electrotherapy Page(s): 114, 121.

Decision rationale: The claimant is nearly one-year status post work-related injury and continues to be treated for chronic bilateral knee pain. When seen by the requesting provider, TENS was tried during the visit with improvement and a home unit was provided. The assessment references mood issues without suicidal ideation. The claimant had completed physical therapy treatments in November 2014 and was performing a home exercise program. In terms of TENS, a one-month home-based trial may be considered as a noninvasive conservative option. Criteria for the continued use of TENS include documentation of a one-month trial period of the TENS unit including how often the unit was used, as well as outcomes in terms of pain relief. In this case, the claimant did not undergo a one-month trial of TENS use and therefore the TENS unit provided for continued use was not medically necessary.

Depression screening: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Depression screening.

Decision rationale: The claimant is nearly one-year status post work-related injury and continues to be treated for chronic bilateral knee pain. When seen by the requesting provider, TENS was tried during the visit with improvement and a home unit was provided. The assessment references mood issues without suicidal ideation. The claimant had completed physical therapy treatments in November 2014 and was performing a home exercise program. Depression screening is recommended to assure accurate diagnosis, effective treatment, and follow-up. Depression screening is an effective and inexpensive way to identify some of the most emotionally distressed employees and can improve outcomes. Therefore, the requested treatment is medically necessary.

US therapy: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Ultrasound, therapeutic.

Decision rationale: The claimant is nearly one-year status post work-related injury and continues to be treated for chronic bilateral knee pain. When seen by the requesting provider,

TENS was tried during the visit with improvement and a home unit was provided. The assessment references mood issues without suicidal ideation. The claimant had completed physical therapy treatments in November 2014 and was performing a home exercise program. Therapeutic ultrasound is not recommended. There is little evidence that active therapeutic ultrasound is more effective than placebo ultrasound for treating people with pain or a range of musculoskeletal injuries or for promoting soft tissue healing.