

Case Number:	CM15-0051348		
Date Assigned:	03/24/2015	Date of Injury:	07/31/2012
Decision Date:	05/05/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/18/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 injured worker is a female, who sustained an industrial injury on July 31, 2012. She reported a laceration of the left knee. The injured worker was diagnosed as having recurrent left knee abscess. Treatment to date has included multiple surgeries of the left knee, medications, physical therapy, and x-rays. On January 12, 2015, she had received 12 physical therapy visits and was making good progress. She reported the knee to have less pain. The record indicates she receives significant pain relief with electrical stimulation and ice applications. The treatment plan includes the request of a transcutaneous electrical nerve stimulation unit for the home. The request is for transcutaneous electrical nerve stimulation unit, and blood work.

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 Transcutaneous electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-117.

Decision rationale: Transcutaneous electrical nerve stimulation (TENS) applies electricity to the surface of the skin to improve pain control. The MTUS Guidelines support its use in managing some types of chronic pain and in acute pain after surgery. TENS is recommended as a part of a program of evidence-based functional restoration for specific types of neuropathic pain, spasticity with spinal cord injuries, and multiple sclerosis-related pain and/or muscle spasm. The documentation must demonstrate the pain was present for at least three months, other appropriate pain treatments were unable to properly manage the symptoms, a one-month trial showed improvement, the ongoing pain treatments used during the trial, and the short- and long-term goals of TENS therapy. The Guidelines also support the use of TENS for pain management during the first thirty days after surgery. The documentation must include the proposed necessity for this treatment modality. A TENS unit rental for thirty days is preferred to purchase in this situation. There was no discussion indicating any of the conditions or situations described above, detailing the results of a one-month TENS trial or the circumstances under which it was done, or describing short- and long-term therapy goals. In the absence of such evidence, the current request for a transcutaneous electrical nerve stimulation (TENS) unit is not medically necessary.

Labs: Complete Blood Count, Comprehensive Metabolic Panel, Platelets: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison, Washington Manual of Medical Therapeutics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chemistry panels.
<http://labtestsonline.org/understanding/analytes/chem-panel/tab/glance>. Accessed 04/25/2015. Complete blood count (CBC). MedlinePlus Medical Encyclopedia.
<http://www.nlm.nih.gov/medlineplus/ency/article/003642.htm>. Accessed 04/25/2015.

Decision rationale: The MTUS Guidelines are silent on this issue in this clinical situation. A comprehensive metabolic panel (CMP) is a group of blood tests that generally look at the salt balance in the blood, blood sugar level, kidney function, and liver function. A complete blood count (CBC) is a panel of laboratory blood tests that look closely at the components of the blood in several different ways. Platelets are elements in the blood that aid in clotting to stop bleeding. The submitted and reviewed documentation indicated the worker was experiencing pain in both knees decreased sleep, and problems with walking. The worker was taking medications that require occasional monitoring to maintain safety. In light of this supportive evidence, the current request for a comprehensive metabolic panel, a complete blood count, and platelet testing is medically necessary.