

Case Number:	CM15-0057316		
Date Assigned:	04/02/2015	Date of Injury:	04/09/2010
Decision Date:	05/04/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/25/2015

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

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 53 year old female, who sustained an industrial injury on April 9, 2010. The injured worker had reported right wrist and bilateral knee pain related to a fall. The diagnoses have included bilateral knee degenerative joint disease, bilateral chondromalacia patella, left knee contusion/improving, bilateral carpal tunnel syndrome and right elbow tendinitis. Treatment to date has included medications, radiological studies, viscosupplementation, a transcutaneous electrical nerve stimulation unit and right hand surgery. Current documentation dated January 27, 2015 notes that the injured worker reported worsening left knee pain and bilateral wrist and hand pain. Physical examination of the right upper extremity revealed tenderness and a decreased range of motion of the right wrist and hand and decreased sensation of the medial nerve distribution. Examination of the bilateral knees revealed medial joint tenderness bilaterally, crepitance with range of motion, decreased range of motion and a positive McMurray test. The treating physician's plan of care included a recommendation to continue TENS and a request for TENS supplies.

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 Page(s): 114-115.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 114-117 of 127.

Decision rationale: Regarding the request for TENS, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial 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, function, and medication usage. Within the documentation available for review, the medical reports suggest that the patient has been utilizing TENS in the past and additional supplies are requested. However, there is no indication of pain relief, functional improvement, decreased medication usage, etc., from prior TENS usage to support ongoing usage of TENS and/or TENS supplies. In the absence of clarity regarding those issues, the currently requested TENS is not medically necessary.