

Case Number:	CM15-0231296		
Date Assigned:	12/07/2015	Date of Injury:	03/05/2013
Decision Date:	01/12/2016	UR Denial Date:	11/20/2015
Priority:	Standard	Application Received:	11/24/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 33 year old male, who sustained an industrial injury on 03-05-2013. The injured worker is currently temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for left knee arthropathy-meniscal tear-articular cartilage defect, probable left inguinal hernia, lumbosacral strain, thoracic strain, and left shoulder strain. Treatment and diagnostics to date has included medications. Recent medications have included Ibuprofen and Voltaren gel. Subjective data (08-17-2015 and 11-12-2015), included left knee pain (rated 7 out of 10), low back pain, and left groin pain. Objective findings (11-12-2015) included decreased lumbosacral range of motion, "slight" left knee swelling, and tenderness to palpation in the left inguinal area. The Utilization Review with a decision date of 11-20-2015 non-certified the request for 1 month trial of Transcutaneous Electrical Nerve Stimulation (TENS) Unit for chronic knee pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 month trial of transcutaneous electrical nerve stimulation (TENS) unit for chronic knee pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guideline regarding TENS, chronic pain (transcutaneous electrical nerve stimulation). 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, for neuropathic pain and CRPS II and for CRPS I (with basically no literature to support use). Criteria for the use of TENS: Chronic intractable pain (for the conditions noted above): Documentation of pain of at least three months duration. There is evidence that other appropriate pain modalities have been tried (including medication) and failed. A one-month trial period of the TENS unit 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 and function; rental would be preferred over purchase during this trial. In this case there is insufficient evidence of chronic neuropathic pain from the exam note of 08-17-2015 and 11-12-2015 to warrant a TENS unit. There also is no evidence of an evidence based functional restoration plan. Therefore the use of a TENS unit for chronic knee pain is not medically necessary.