

Case Number:	CM13-0003590		
Date Assigned:	12/13/2013	Date of Injury:	06/27/2012
Decision Date:	02/27/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	07/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 25-year-old female who reported an injury on 06/27/2012 while she was tending to a patient and subsequently bumped into some furniture, causing her to fall and twist her right knee. At the time of the 07/19/2013 visit, the patient had finished 6 weeks of physical therapy and was waiting for approval of an additional 6 weeks. Also in 07/2013, the patient was approved for use of a 1 month home trial of a TENS unit. On the 07/31/2013 note, the patient stated having overall increase in activity, decrease in pain, and a complaint of occasional buckling of the right leg. She did state that the physical therapy had been very helpful. The plan at that time was for the patient to continue with physical therapy, continued use of a TENS unit, and pain management with [REDACTED] as well as modified activity. The patient was most recently seen on 11/25/2013, for the subjective complaints of an earlier fall on that date. The fall reportedly directly impacted the patient's right anterior knee which caused marked tenderness and swelling at the right anterior medial knee and caused the patient to have mild limited range of motion. At this time, the physician is requesting the use of a TENS unit for an unknown duration.

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 Page(s): 113-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-115.

Decision rationale: As noted in the documentation, the patient had received approval for use of a TENS unit for a 1 month home-based trial. However, the criteria for the continuation of the use of electrical stimulation devices consist of documented objective improvement with the use of the equipment. There should also be a marked decrease in medication use, with an increase in functional improvement. The documentation does not indicate that the patient has decreased her medication, but rather she sought further treatments for pain relief to include an epidural steroid injection performed on 10/17/2013. The patient was also noted as having undergone a second injection in her right knee which reportedly gave her 60% pain relief as well. Therefore, it is unclear if the use of the TENS unit was the provider of the pain relief, or if it was due to the one of the injections the patient reportedly underwent. Therefore, at this time the medical necessity for the continuation of a TENS unit cannot be established. As such, the requested service is non-certified.

Lidocaine patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 111-112.

Decision rationale: Under California MTUS, lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). The documentation provided for review does not indicate the patient has tried either of the tricyclic or SNRI antidepressants nor has she tried an AED such as gabapentin or Lyrica prior to the requested service for lidocaine patches. Furthermore, the physician has failed to indicate how many patches he wishes the patient to utilize. Therefore, the requested service does not meet guideline criteria for the use of lidocaine patches. As such, the requested service is non-certified.