

Case Number:	CM14-0118764		
Date Assigned:	09/16/2014	Date of Injury:	10/02/2008
Decision Date:	10/16/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/28/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Louisiana. 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/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 injured worker is a 41-year-old female who was injured on 10/02/2008 when the patient was making a delivery and she stepped out the van, turning, and twisting the right knee caused immediate pain. Prior treatment history has included Norco, Naprosyn, and Soma, LidoPro cream and injections in the past which failed. The patient underwent knee arthroscopic chondroplasty of the right medial femoral condyle on 06/26/2009. Diagnostic studies reviewed include MRI of the right knee dated 12/27/2013 demonstrated chondromalacia patella, medial patellar facet and small joint effusion. There was degenerative intrameniscal signal within the posterior horn medial meniscus. Progress report dated 07/23/2014 right knee complaints. On exam, there is exquisite tenderness of the knee joint and along the patellofemoral area. Motion is 155 degrees of extension and limitation of flexion is noted on the right. The patient is diagnosed with internal derangement of the knee on the right; knee sprain on the left, and discogenic lumbar condition. The patient was recommended a TENS unit and pads for her existing unit. Prior utilization review dated 07/08/2014 states the request for TENS Unit E0730 and E0731 is denied as electrical stimulation is not requested as a primary treatment modality.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit E0730 and E0731: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, TENS (Transcutaneous electrical nerve stimulation)

Decision rationale: Based on the MTUS Chronic Pain Medical Treatment Guidelines, Electrotherapy "TENS Unit" is not recommended as a primary treatment modality. 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, phantom limb pain, CRPS II, spasticity and multiple sclerosis spasms. The use of electrical stimulation has not been documented in the supporting medical records. Therefore, the request for a TENS Unit is not medically necessary and appropriate.