

Case Number:	CM14-0139392		
Date Assigned:	09/05/2014	Date of Injury:	08/22/2012
Decision Date:	10/24/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/28/2014

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 Internal Medicine, has a subspecialty in Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 47 year-old with a date of injury of 08/22/12. A progress report associated with the request for services, dated 07/28/14, identified subjective complaints of left knee pain. Objective findings included tenderness to palpation and effusion of the left knee. There was normal range of motion. Diagnoses (paraphrased) included knee pain and effusion. Treatment had included partial meniscectomy of the left knee in 2012 as well as physical therapy. A Utilization Review determination was rendered on 08/05/14 recommending non-certification of "TENS Unit for Left Knee 2 month rental".

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit for Left Knee 2 month rental: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339, Chronic Pain Treatment Guidelines TENS Page(s): 114-117.

Decision rationale: The ACOEM section of the Medical Treatment Utilization Schedule (MTUS) states that transcutaneous electrical therapy (TENS) may be beneficial in chronic knee pain. The Chronic Pain Guidelines state that TENS is not indicated as a primary treatment

modality. However, a one month trial is considered appropriate if used as an adjunct to an evidence-based program of functional restoration. The recommended types of pain include: Neuropathic pain; CRPS I and II; Phantom limb pain; Spasticity; Multiple sclerosis. For chronic intractable pain from these conditions, the following criteria must be met: Documentation of pain for at least three months duration. 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 with documentation of how often it was used, as well as the outcomes in terms of pain relief and function; Other ongoing pain treatment should also be documented during the trial period including medication usage; A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. In this case, the multiple criteria noted above (documentation of duration of pain, trial plan, and goal plan) have not been met. Last, recommendations are for an initial one-month trial. The non-certification was modified to one month. Therefore, there is no medical necessity for a two month rental of a TENS unit.