

Case Number:	CM14-0146273		
Date Assigned:	09/12/2014	Date of Injury:	02/20/2014
Decision Date:	10/16/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/09/2014

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 & 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 patient is a 33 year old male who was injured on 02/20/2014. The mechanism of injury is unknown. Prior treatment history has included physical therapy and underwent left knee arthroscopy with medial patellofemoral ligament reconstruction on 07/14/2014. Progress report dated 09/04/2014 indicates the patient reported swelling, weakness and stiffness of his left knee. Objective findings on exam revealed trace fusion of the left knee and central patellofemoral tracking. He has stable Lachman and anterior drawer test. Diagnoses are lateral patellofemoral dislocation of the left knee with torn medial patellofemoral ligament of the left knee. The patient was recommended for one TENS unit with skin sensitive electrodes. Prior utilization review dated 08/14/2014 states the request for 1 TENS unit w/skin sensitive electrodes (██████████) is denied as there is no documented evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 TENS unit w/skin sensitive electrodes (██████████): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation) unit.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, TENS unit is an acceptable modality for home use over a one month trial period if it is used in conjunction with other evidence-based functional restoration modalities. A treatment plan including specific short and long-term goals of treatment with the TENS unit should be submitted. It is also recommended as a treatment option for acute post-operative pain in the first 30 days post-surgery. In this case, there is no documentation of a trial period or specific goals and have exceeded the guideline recommendation for the post-surgery treatment with a TENS unit. Therefore, the request is not medically necessary at this time.