MAXIMUS Federal Services

Case Number:	CM14-0147612		
Date Assigned:	09/15/2014	Date of Injury:	05/03/2012
Decision Date:	10/24/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/11/2014

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 & Rehibiliation and Pain Medicine and is licensed to practice in California. 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 74-year-old male who was reportedly on 05/03/2012. Diagnoses tricompartmental osteoarthritis with synovitis of the lower right leg. Progress note 08/14/2014, indicated the injured worker complaining of continued right knee pain. Diagnositc studies were said to reveal evidence of degenerative joint disease. The injured worker failed arthroscopic debridement. Current medications Biofreeze gel, naproxen and tramadol. Examination revealed right knee crepitus on motion, range of motion of 0-110 and pain to terminal flexion. A request was made for Transcutaneous Electrical Nerve Stimulation (TENS) Unit - Purchase and was not certified on 08/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tens Unit - Purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS) Page(s): 114-116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), knee

Decision rationale: TENS is recommended as an option for patients in a therapeutic exercise program for osteoarthritis as a treatment for pain. TENS plus exercise appears to produce improved function (greater cumulative knee extensor torque, stride length, gait velocity and range of motion) over those treated with exercise only, although the difference has not been found to be significant. TENS offers clinically relevant short-term pain relief for osteoarthritis of the knee, according to a report in the June 22nd issue of BMC Musculoskeletal disorders. There is no conclusive evidence that TENS reduces knee pain or physical disability from osteoarthritis, even with years of clinical use. Long term benefit with use of this device has not been proven. In this case, there is no documentation of current therapeutic exercise program or plan for TKA. As such, the request for TENS unit purchase is not medically necessary and appropriate.