

Case Number:	CM14-0087411		
Date Assigned:	07/23/2014	Date of Injury:	12/06/2013
Decision Date:	10/02/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/11/2014

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 Interventional Spine 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 patient is a 41 year old male with an injury date of 12/06/13. Based on 05/19/14 progress report provided by [REDACTED] N.P., patient presents with right knee pain rated 9/10 and antalgic gait. Pain radiates to thigh and ankle with numbness and tingling. Physical examination to right knee reveals tenderness to palpation at right medial joint line and mild effusion. Range of motion is symmetrical on flexion and extension. Patient had cortisone injection 3 times with no pain relief or changes. Diagnosis 05/19/14- meniscus tear (knee)- lumbar sprain/strain Per progress report dated 05/19/14, TENS unit trial #1 on right knee for 15 minutes, patient tolerated pain well. Pain remained the same, but there was slight increase in range of motion and muscles slightly relaxed. Progress Report by treater dated 06/19/14 is titled Electrical Stimulation Trial states goals as improve functional restoration, reduce pain, increase ROM, reduce need of medications and decrease number of flare ups. Patient's pain level to right knee is rated 9/10. Results indicate that range of motion increased slightly and muscles relaxed slightly. [REDACTED] is requesting Tens Unit for Home Use. The utilization review determination being challenged is dated 05/27/14. The rationale is "one time documented trial without significant functional gains and no reduction of pain. Therefore a TENS for home use is not medically necessary." [REDACTED] is the requesting provider, and he has provided treatment reports from 12/06/13 - 05/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tens Unit for Home Use: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous Electrical Nerve Stimulation) Page(s): 114-11. Decision based on Non-MTUS Citation Official Disability Guidelines; Treatment in Workers' Compensation TENS (Transcutaneous Electrical Nerve Stimulation)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

Decision rationale: The patient presents with right knee pain rated 9/10 and atalgic gait. The request is for Tens Unit for Home Use. Per progress report dated 05/19/14, TENS was trialed on right knee for 15 minutes and patient tolerated pain well. Pain remained the same, but there was slight increase in range of motion and muscles slightly relaxed. Patient had cortisone injection 3 times without pain relief or changes per progress report dated 05/19/14. According to MTUS guidelines on the criteria for the use of TENS in chronic intractable pain:(p116) "a one-month trial period of the TENS unit should be documented (as an adjunct to other treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function during this trial." And "a treatment plan including the short- and long term goals of treatment with the TENS unit should be submitted." Documentation of one-month trial period showed that range of motion increased slightly and muscles relaxed slightly, with the use of TENS. Treatment plan with goals were also documented in progress reports dated 05/19/14 and 06/19/14. Request meets MTUS criteria. Recommendation is for authorization.