

Case Number:	CM14-0096483		
Date Assigned:	07/28/2014	Date of Injury:	02/09/2008
Decision Date:	10/08/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/24/2014

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 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 53 year old female who reported a bending injury on 02/09/2008. Diagnoses included status post arthroscopic lysis of adhesions at the knee, status post right total knee replacement, and fibromyalgia. The past treatments included medications, aqua-therapy, and a home exercise program. Diagnostic studies included an x-ray of the right knee dated 05/04/2014. A rheumatology consult note dated 04/07/2014, stated the injured worker complained of pain to her entire body. The orthopedic surgeon's progress, note dated 04/08/2014, noted the injured worker complained of right knee pain and weakness with weight bearing activities, increased swelling in the afternoon and increased pain at night. The physical exam revealed flexion to 110 degrees, tenderness over the medial lateral joint line, and 4/5 motor strength. A progress report dated 06/06/2014, noted a physical exam on 04/14/2014, prior to pool therapy, noting right knee range of motion within normal limits, right knee motor strength 4/5, and walking 3 blocks. The physical exam noted to be post pool therapy, dated 06/06/2014, noted right knee range of motion within normal limits, right knee motor strength 4+/5, and walking 2-3 blocks. It was also noted the pool therapy was to continue. Medications included Omeprazole, Tramadol, Celebrex, Lisinopril, Metformin, Vitamin D3, and Lyrica. A urine drug screen performed 04/08/2014 was noted to be negative for all drugs tested, including Tramadol. The treatment plan noted the injured worker was released to her primary treating physician, and she should continue her home exercise program. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous electrical nerve stimulation (TENS) unit for 1 month, electrodes times 2 packs and batteries times 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-117..

Decision rationale: The request for transcutaneous electrical nerve stimulation (TENS) for one month, electrodes times 2 packs and batteries times 2 is not medically necessary. The injured worker had unmeasured pain, status post right total knee arthroplasty, with fibromyalgia. The California MTUS guidelines note the use of TENS is not recommended as a primary treatment modality. A one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration for patients with neuropathic pain, CRPS II, CRPS I, spasticity, and/or multiple sclerosis. Prior to a one month trial the guidelines recommend there must be documentation of pain of at least three months duration and there should be evidence that other appropriate pain modalities have been tried (including medication) and failed. There is a lack of documentation indicating the injured worker has failed recent conservative care. There is a lack of documentation indicating the injured worker has significant pain which has not responded to other treatments. There was no documentation of the body area intended for treatment to determine medical necessity. Therefore, the request is not medically necessary.