

Case Number:	CM14-0098421		
Date Assigned:	07/28/2014	Date of Injury:	09/22/2011
Decision Date:	09/22/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/26/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 55 year old female who was injured on 9/22/2011. She was diagnosed with left knee chondromalacia and lateral meniscus tear. She was treated with medications, surgery (left knee x 3), physical therapy, and rest. On 2/10/14, the worker was seen by her primary treating physician reporting having increased pain in her left knee since stopping Celebrex for 2 months, predominantly in evenings after work rated at a 6-7/10 on the pain scale. At work, she reported alternating with sitting, standing and walks to office, but if she sits for prolonged times for meetings, has increased pain. She reported not having an ergonomically corrected workstation. She was then recommended she have an ergonomic evaluation of her work station and continue her medications and exercises. Later, on 5/19/14, the worker reported having worse pain after a trip to Europe due to her walking many hours per day. Also, the request for the ergonomic station was repeated as well as a TENS unit "loaner" was recommended for the worker to use due to her worsening pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tens Unit qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Transcutaneous Eletrotherapy Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, TENS Page(s): 114-116.

Decision rationale: The MTUS Guidelines for Chronic Pain state that transcutaneous nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, however, the studies on TENS are inconclusive and evidence is lacking concerning effectiveness. The criteria for the use of TENS, according to the MTUS Guidelines, includes 1. Documentation of pain of at least 3 months duration, 2. Evidence that other appropriate pain modalities have been tried and failed, 3. Documentation of other pain treatments during TENS trial, 4. Documented treatment plan including the specific short and long-term goals of treatment with TENS, 5. Documentation of reasoning for use of a 4-lead unit, if a 4-lead unit is prescribed over a 2-lead unit. In the case of this worker, it may have been reasonable to do a trial of the TENS unit, however, in the request, there was no specified duration of the rental, which is required in order to assure there will be a reassessment of benefit after this time period (one month duration is typical). Therefore, the TENS unit rental without a duration of use is not medically necessary.

Ergonomic Evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Ergonomics Interventions.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Low Back section, Ergonomics interventions.

Decision rationale: The MTUS Guidelines do not address ergonomic evaluations. The ODG was referenced, however, only guidelines for general use of ergonomic interventions and specifically low back pain ergonomic interventions were found, not any knee-specific guidelines on the subject. The ODG states that ergonomics interventions are recommended as an option as part of a return-to-work program for injured workers. But there is conflicting evidence for prevention, so case by case recommendations are necessary. However, for improved return-to-work outcomes after an injury has occurred, there is evidence supporting ergonomic interventions. In the case of this worker, it seems reasonable that she might benefit from an ergonomic evaluation and work station adjustment, although it will clearly be limited due to her having pain related to work outside of her workstation (walking, sitting in meetings, etc.). However, the information gathered from the progress notes was sufficient enough for the reviewer to make a decision. Therefore, due to at least a predicted small benefit, the ergonomic evaluation is medically necessary.