

Case Number:	CM14-0211957		
Date Assigned:	01/02/2015	Date of Injury:	06/01/2012
Decision Date:	02/19/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 (IW) is a 29-year-old with a date of injury of June 1, 2012. The mechanism of injury is documented as a cumulative trauma related to his job as a janitor. The injured worker's working diagnoses are cumulative trauma from repetitive motion; lumbar spine strain/sprain; lumbar spine myalgia; right knee patellofemoral syndrome; right knee internal derangement; and left knee patellofemoral syndrome. Pursuant to the most recent progress note in the medical record dated September 3, 2014, the IW complains of pain in the bilateral knees. He denied pain and functional deficits relating to the lumbar spine at the time of the exam. The bilateral knee pain is described as sharp, frequent, pins and needles with stiffness and numbness. The pain in the right knee is rated between 5-8/10. The left knee pain is rated 7/10. Examination of the lumbar spine was unremarkable. Range of motion was normal. All special tests were negative. Examination of the bilateral knees reveals tenderness and crepitation of the patellofemoral joints. There is palpable tenderness of the right medial and lateral joint margins. There is no palpable tenderness of the popliteal fossa bilaterally. Clark's Sign was positive bilaterally. All other knee orthopedic tests were negative bilaterally. MRI of the left knee was suspect for an ACL sprain or partial tear involving the proximal posterolateral band. Correlation was recommended. The treating physician reports although there is a partial tear on the MRI, his complaints and physical examination findings are not consistent with an ACL tear. The provider discussed the option for left knee arthroscopy with synovectomy, plica excision, and possible chondroplasty. The IW expressed that he would like to proceed with the procedure. A formal authorization was going to be submitted by the treating physician. There was no discussion regarding TENS unit in any of the records that were provided for review. It is

unclear from the submitted records if the IW has had a prior trial of TENS. If so, there is no evidence of objective functional improvement associated with prior TENS. Additionally, there is no documentation as to where the TENS will be applied. The current request is for 12-month extended rental of neurostimulator TENS EMS.

IMR ISSUES, DECISIONS AND RATIONALES

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

12-months extended rental of neurostimulator TENS EMS, per 10/14/2014 form. Qty: 1.00:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116, 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, TENS Unit.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 12 months extended rental of neurostimulator TENS EMS per October 14, 2014 form is not medically necessary. TENS unit is not recommended as a primary treatment modality for 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, including reductions in medication use. TENS to the lumbar spine is not recommended as an isolated intervention. TENS to the knees is recommended as an option for osteoarthritis is an adjunct treatment to the therapeutic exercise regimen. In this case, the injured worker's working diagnoses are cumulative trauma from repetitive motion; lumbar spine sprain/strain; lumbar spine myalgia; right knee patellofemoral syndrome; right knee internal derangement; and left knee patellofemoral syndrome. The documentation in the medical record does not contain any entries or discussion regarding a TENS Unit. Physical examination of the back (pursuant to a September 3, 2014 progress note is unremarkable with full range of motion. There was no tenderness present. Further review of the medical record reflects the injured worker had physical therapy to the knees. The knee pain was exacerbated with physical therapy although there is no documentation of any physical therapy notes in the medical record. TENS is not indicated in a 29 year old with no documentation of osteoarthritis. There is no indication of a TENS trial in the medical record. Additionally, there is no October 2014 progress note and there is no October 14, 2014 "form" in the medical record. Consequently, absent clinical documentation of prior TENS use, TENS trial, anatomical region to be treated, 12 months extended rental of neurostimulator TENS EMS per October 14, 2014 form is not medically necessary.

