

Case Number:	CM14-0212269		
Date Assigned:	12/30/2014	Date of Injury:	06/07/2012
Decision Date:	02/19/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/18/2014

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

Certification(s)/Specialty: Physical Medicine & Rehabn

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 55 year old male with an injury date of 06/07/12. Based on the 11/03/14 progress report provided by treating physician, the patient complains of pain and stiffness to the right knee. Patient is status post right knee arthroscopy on 09/08/14 with debridement of the medial synovial plica, partial medial meniscectomy, partial lateral meniscectomy, and abrasion chondroplasty. Physical examination 11/03/14 revealed tenderness to palpation to the right knee (location unspecified), well healed surgical scars and decreased range of motion (unspecified). The patient is currently prescribed Motrin, Flexeril, Priolsec. Diagnostic imaging was not included with the report. Per 11/03/14 progress report, patient is advised to remain off work until 12/03/14. Diagnosis 11/03/14- Status post arthroscopy of left knee - Status post arthroscopy right knee- Internal derangement right knee. The utilization review determination being challenged is dated 11/19/14, the rationale was not provided in the supplied documentation. Treatment reports were provided from 05/28/14 to 11/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eighteen pairs of electrodes - 1 purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 pain and stiffness to the right knee. Patient is status post right knee arthroscopy on 09/08/14 with debridement of the medial synovial plica, partial medial meniscectomy, partial lateral meniscectomy, and abrasion chondroplasty. The request is for EIGHTEEN PAIRS OF ELECTRODES 1 PURCHASE. Physical examination 11/03/14 revealed tenderness to palpation to the right knee (location unspecified), well healed surgical scars and decreased range of motion (unspecified). The patient is currently prescribed Motrin, Flexeril, Priolsec. Diagnostic imaging was not included with the report. Per 11/03/14 progress report, patient is advised to remain off work until 12/03/14. 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." As a conservative therapy for pain reduction, TENS units, and the associated electrodes, offer a reasonable avenue of pain control in patients for whom there is a proven efficacy. In this case, there is no discussion of trial success, or any discussion of TENS unit usage at home or efficacy outside of the request for additional patches. In regards to the request for 18 pairs of electrodes for what is presumably the patient's personally purchased TENS unit, the documents provided do not contain enough evidence to warrant additional supplies unless prior efficacy is documented. Therefore, this request IS NOT medically necessary.