

Case Number:	CM14-0039035		
Date Assigned:	06/27/2014	Date of Injury:	12/08/2013
Decision Date:	02/09/2015	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/03/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for knee pain reportedly associated with an industrial injury of December 8, 2013. In a Utilization Review Report dated March 21, 2014, the claims administrator denied a request for a TENS unit with an associated three-month worth of supplies. The MTUS Chronic Pain Medical Treatment Guidelines were cited, despite the fact it did not clearly appear to be chronic pain case as of the date of the request. The claims administrator referenced a March 12, 2014 RFA form in its denial. On March 18, 2014, the applicant reported persistent complaints of hip and knee pain. The applicant was using Estrace, Tenormin, Zestril, Bumex, Celebrex, metformin, Prilosec, Zoloft, Wellbutrin, Xanax, and Norco, it was acknowledged. The applicant was asked to start tramadol, Zanaflex, and Prilosec. X-rays of the knee were endorsed. The applicant was given a diagnosis of anterior cruciate ligament strain. There was no mention of the need for a TENS unit. The applicant was severely obese, with a BMI of 42. The applicant was 48 years old. On April 15, 2014, the applicant again reported 6/10 knee pain. The applicant was placed off of work, on total temporary disability. There was no mention of a need for TENS unit on this date. On August 11, 2014, the applicant reported persistent complaints of knee pain, 4-6/10. The applicant was asked to continue self-directed home physical medicine. Work restrictions were endorsed. It was suggested that the applicant could continue working with limitations in place on this date. In a separate progress note dated March 18, 2014, the applicant was asked to obtain knee x-rays, Zanaflex, tramadol, and Prilosec. Eight sessions of physical therapy were endorsed while the applicant was placed off of work. There was no mention of the need for a TENS unit on this date. On February 26, 2014, the applicant was asked to obtain an orthopedic hip surgery consultation to address the hip labral tear. There was no mention of the need for a TENS unit on this date, either.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit and supplies, three months rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 339.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 13, page 339, there is "insufficient evidence" of benefit with TENS units in acute/subacute knee pain, as was/is present here on or around the date of the request, March 12, 2014. While ACOEM Chapter 12, page 339 does note that some studies do demonstrate that TENS units have proven beneficial in applicants with chronic knee pain, in this case, the applicant's knee pain issues were seemingly in the acute to subacute range on or around the date of the request, March 12, 2014. While the TENS unit associated supplies could have been supported on a trial basis or rental basis if the attending provider stated that the TENS unit was intended for usage in conjunction with a functional restoration program/home rehabilitation program, in this case, however, several progress notes, referenced above, contained no references to the need for a TENS unit. It was not clearly stated for what purpose and/or what usage the TENS unit was intended. The progress notes provided did not augment the RFA form. Furthermore, the March 12, 2014 RFA form made available to the claims administrator was seemingly not incorporated into the Independent Medical Review packet. The information which was on file, however, failed to support or substantiate the request. Therefore, the request is not medically necessary.