

Case Number:	CM15-0015928		
Date Assigned:	02/03/2015	Date of Injury:	09/03/2014
Decision Date:	03/27/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/27/2015

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 & Rehabilitation

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 was a 32 year old male, who sustained an industrial injury, September 3, 2014. The injury occurred when the injured worker was pushing cart loaded with crates of chickens. The crates fell off the cart and landed on the injured workers knees. According to progress note of January 6, 2015, the injured workers chief complaint was right and left knee pain. The pain was aggravated by kneeling, squatting and using ladders. The injured worker was having difficulty with going up and down stairs. After physical therapy the injured worker noted popping and clicking of the knees. Pain in the right knee was worse than the left knee. The injured worker was wearing bilateral knee braces. The injured worker was diagnosed with right contusion with potential medial meniscus tear and left knee contusion with potential medial meniscus tear. The injured worker previously received the following treatments physical therapy 6 visits with functional electrical stimulation, anti-inflammatory medications, Kenalog injection to the right knee, bilateral knee braces and home exercise program. On January 6, 2015, the primary treating physician requested authorization for the purchase of a TENS (transcutaneous electrical nerve stimulator) unit. On January 20, 2015, the UR denied authorization for the purchase of a TENS (transcutaneous electrical nerve stimulator) unit. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS for chronic pain Page(s): 114-11.

Decision rationale: The patient presents with pain in both of his knees. The request is for TENS UNIT PURCHASE. Per MTUS Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1-month home based trial may be consider for a specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple scoliosis. When a TENS unit is indicated, a 30-home trial is recommended and with documentation of functional improvement, additional usage may be indicated. In this case, the utilization review letter on 01/20/15 indicates that the patient has used TENS unit in the past, but there is no documentation in any of the reports showing how TENS was used and with what effectiveness. MTUS require documentation of use and efficacy before a TENS unit is allowed for a home use. A one month home trial of the unit may be more appropriate but not a purchase. Given the lack of documentation, the request IS NOT medically necessary.