

Case Number:	CM15-0117426		
Date Assigned:	06/25/2015	Date of Injury:	01/25/2012
Decision Date:	07/24/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/18/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 is a 49 year-old male who sustained an industrial injury on 01/25/12. He reports a twisting injury to his right knee. Diagnoses include internal derangement of the knee on the right side, status post right arthroscopy, partial lateral meniscectomy, chondroplasty, and loose body resection. Treatments have included physical therapy, two-lead TENS unit, pain/anti-inflammatory medications, and thermotherapy. Radiographic imaging of the right knee in 04/15 revealed a 2-mm articular surface left along the lateral joint line and 3-mm medially. In a progress note dated 05/18/15 the treating provider reports the injured worker complains of left knee instability with clicking and popping due to compensatory use, without being able to bear weight. He complains of 20 lb weight gain from decreased activity. MRI of 07/14 of the left knee showed grade III chondromalacia along the patella and wear along the meniscus, with no frank tear. Examination objective findings showed knee extension is 180 degrees and flexion is 110 degrees with tenderness along the lateral joint and mildly positive McMurray test. There is tenderness along the patella medially and laterally. Current diagnoses include internal derangement of the left knee, compensatory in nature, and due to chronic pain and inactivity; the injured worker has headaches, sexual dysfunction, depression, and sleep disorder. Treatment recommendations include a knee brace and a four-lead TENS unit with garment. Date of Utilization Review: 06/02/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four lead TENS unit Qty 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Neuromuscular electrical stimulation (NMES devices), p 121 (2) Transcutaneous electrotherapy, p 114.

Decision rationale: The claimant sustained a work injury in January 2012 and continues to be treated for bilateral knee pain. He was seen on 05/18/15. He was noted to have a two-lead TENS unit. There was joint line and patellar tenderness with mildly positive McMurray's testing. In terms of TENS, a one-month home-based trial may be considered as a noninvasive conservative option. Criteria for the continued use of TENS include documentation of a one-month trial period of the TENS unit including how often the unit was used, as well as outcomes in terms of pain relief. In this case, there is no documented home-based trial of TENS. Although the claimant has a TENS unit, there is no evidence that he has used it and no reason that a four-lead unit would be needed. If intended for treatment of the knee, there is no identified impairment of the upper extremities that would indicate the need for a conductive garment. The request was not medically necessary.

TENS conductive garment Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Neuromuscular electrical stimulation (NMES devices), p 121 (2) Transcutaneous electrotherapy, p 114.

Decision rationale: The claimant sustained a work injury in January 2012 and continues to be treated for bilateral knee pain. He was seen on 05/18/15. He was noted to have a two-lead TENS unit. There was joint line and patellar tenderness with mildly positive McMurray's testing. In terms of TENS, a one-month home-based trial may be considered as a noninvasive conservative option. Criteria for the continued use of TENS include documentation of a one-month trial period of the TENS unit including how often the unit was used, as well as outcomes in terms of pain relief. In this case, there is no documented home-based trial of TENS. Although the claimant has a TENS unit, there is no evidence that he has used it and no reason that a four-lead unit would be needed. If intended for treatment of the knee, there is no identified impairment of the upper extremities that would indicate the need for a conductive garment. The request was not medically necessary.

