

Case Number:	CM15-0123185		
Date Assigned:	07/07/2015	Date of Injury:	05/07/2010
Decision Date:	07/31/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/25/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 is a 51-year-old female, who sustained an industrial injury on May 7, 2010. The injured worker was diagnosed as having chronic pain, tricompartmental degenerative joint disease (DJD) of the right knee and status post right knee medial patellofemoral ligament reconstruction. Treatment to date has included surgery, physical therapy, knee brace and medication. A progress note dated April 17, 2015 provides the injured worker complains of right knee pain. Physical exam notes the knee is better demonstrated by increased range of motion (ROM) and strength. There is mention of a stitch abscess. The recommendation is for warm compresses to the abscess; discontinue knee brace, use crutch or crutches, medication and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit and 3 Month Supplies: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116 of 127.

Decision rationale: This claimant was injured over five years ago. The diagnoses were chronic pain, tricompartmental degenerative joint disease (DJD) of the right knee and status post right knee medial patellofemoral ligament reconstruction. Treatment to date has included surgery, physical therapy, knee brace and medication. As of April 17, 2015, the injured worker complains of right knee pain. There is mention of a stitch abscess. The MTUS notes that TENS is not recommended as a primary treatment modality, but 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, for the conditions described below. Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005) Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985) Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005) Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. (Miller, 2007) I did not find in these records that the claimant had the conditions that warranted TENS. Also, an outright purchase is not supported, but a monitored one month trial, to insure there is objective, functional improvement. In the trial, there must be documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. There was no evidence of such in these records. The request is appropriately non-certified. As the TENS unit itself is not certified, the accompanying 3 months of supplies is not certified.