MAXIMUS Federal Services

Case Number:	CM15-0123743		
Date Assigned:	07/08/2015	Date of Injury:	05/01/2014
Decision Date:	08/07/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/26/2015

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: Emergency 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 56 year old male, who sustained an industrial injury on 5/01/2014. Diagnoses include torn meniscus, left knee derangement, patellofemoral, lumbar strain and disc disease. Treatment to date has included conservative measures including heat and ice application, medications, activity restriction and physical therapy. Per the Primary Treating Physician's Progress Report dated 4/14/2015, the injured worker reported back and knee pain on the left. Physical examination of the knee revealed joint line tenderness with cracking and crepitation. Lumbar spine evaluation revealed a positive McMurray test and a positive straight leg raise test. Magnetic resonance imaging (MRI) findings are described as consistent with a torn meniscus. The plan of care included transcutaneous electric nerve stimulation (TENS) unit and authorization was requested for a TENS unit purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous Electrical Nerve Stimulation (TENS) unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

Decision rationale: As per MTUS Chronic pain guidelines, TENS (Transcutaneous Electrical Nerve Stimulation) may be recommended only if it meets criteria. Evidence for its efficacy is poor. Pt does not meet criteria to recommend TENS. TENS is only recommended for neuropathic or Complex Regional Pain Syndrome (CRPS) pain. This is a plan to use for knee and back pain which is not indicated. There is no documentation of failures of multiple conservative treatment modalities. Guidelines recommend use only with Functional Restoration program which is not documented. There is no documentation of short or long term goal of TENS unit. There is no documentation of an appropriate 1 month trial of TENS. MTUS also recommends rental over purchase, there is no documentation as to why a TENS unit needed to be purchased instead of rented. Patient fails multiple criteria for TENS purchase. TENS is not medically necessary.