

Case Number:	CM15-0067786		
Date Assigned:	04/15/2015	Date of Injury:	11/09/2006
Decision Date:	05/19/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/09/2015

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: Iowa

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 52 year old male, who sustained an industrial injury on 11/9/2006. The mechanism of injury is unknown. The injured worker was diagnosed as bilateral knee internal derangement and status post right knee arthroscopy. Left knee magnetic resonance imaging showed a meniscus tear. Treatment to date has included surgery, physical therapy, TENS (transcutaneous electrical nerve stimulation), right knee steroid injections and medication management. In a progress note dated 3/3/2015, the injured worker complains of bilateral knee pain. The treating physician is requesting an interferential unit or muscle stimulator with conductive garment.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF or muscle stimulator with conductive garment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Inferential current stimulation, Transcutaneous electrotherapy Page(s): 54, 114-116, 118-120. Decision

based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, TENS chronic pain (transcutaneous electrical nerve stimulation).

Decision rationale: According to MTUS, electrical stimulators (TENS units) are not recommended as a primary treatment modality, and a one-month home-based trial may be considered as a noninvasive conservative option. It should also be used as an adjunct to a functional restoration program. MTUS and ODG both primarily recommend TENS for neuropathic pain, phantom limb pain, CRPS, spasticity, and multiple sclerosis. For knee indications, ODG recommends as a secondary option for osteoarthritis as adjunct treatment to a therapeutic exercise program. ODG further details criteria for the use of TENS for chronic pain, applicable criteria below: (1) Documentation of pain of at least three months duration. (2) There is evidence that other appropriate pain modalities have been tried (including medication) and failed. (3) A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. (4) Other ongoing pain treatment should also be documented during the trial period including medication usage. (5) A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. (6) After a successful 1-month trial, continued TENS treatment may be recommended if the physician documents that the patient is likely to derive significant therapeutic benefit from continuous use of the unit over a long period of time. According to the medical documentation provided, the patient does not have any of the diagnoses recommended for primary use, and the body parts intended for use (chronic knee pain) is recommended as secondary options. Full detailing of prior therapies and their effect is not present. The treating physician does not provide detail regarding the initial one-month trial of the device, to include unit usage, outcomes in terms of pain and functional improvement, and other ongoing pain treatment. There are no specific short and long term goals of treatment in the documentation, nor a statement of the anticipated therapeutic benefit. The documentation continues to show chronic pain, decreased functional status, and weight gain. Therefore, the request for IF or muscle stimulator (TENS unit) with conductive garment is not medically necessary.