

Case Number:	CM15-0072130		
Date Assigned:	04/22/2015	Date of Injury:	02/02/1994
Decision Date:	05/20/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/15/2015

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, 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 44-year-old female, who sustained an industrial injury on 02/02/1994. According to a progress report dated 01/07/2015, the injured worker had been having a very difficult time sleeping due to pain in her knee and wanted to proceed with a right total knee replacement. She had been having significant depression and anxiety symptoms due to her disability and chronic pain. Her medication regimen included Norco, Anaprox, Tramadol, Ambien and Prilosec. Treatment to date has included right knee x-ray, MRI of the right knee, physiotherapy, medications, knee surgeries and a corticosteroid injection to her right knee. Diagnoses included advanced right knee degenerative joint disease status post 5 surgeries and still symptomatic, medication induced gastritis symptoms and reactionary depression/anxiety. Treatment plan included medications, consideration for Synvisc injection in the near future, evaluation by an Orthopedic Surgeon and a TENS unit. The provider noted that the injured worker had a very good response with a TENS unit in the past. Currently under review is the request for an Interferential (IF)/TENS unit combo (purchase) for the right knee and electrodes x 10 and batteries x 10 for the IF/TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF/TENS unit combo (purchase) for the right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines x 8 C.C.R. 9792.20 & 9792.26 MTUS (Effective July 18, 2009) Page(s): 114-121 of 127.

Decision rationale: Regarding the request for IF/TENS unit combo, CA MTUS cites that interferential current stimulation is not recommended as an isolated intervention. They go on to state that patient selection criteria if interferential stimulation is to be used anyways include pain is ineffectively controlled due to diminished effectiveness of medication, side effects or history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercises, or unresponsive to conservative treatment. If those criteria are met, then in one month trial may be appropriate to study the effects and benefits. With identification of objective functional improvement, additional interferential unit use may be supported. Regarding TENS, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (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. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial 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, function, and medication usage. Within the documentation available for review, there is no indication that the patient has met the selection criteria for interferential stimulation, there is no documentation of a trial of IF with objective functional improvement, and there is no provision for modification to allow for such a trial. Regarding the TENS component, the provider notes better function with prior TENS use, but there are no specifics with regard to pain relief, function, or medication usage to objectively identify any functional benefit. In the absence of clarity regarding those issues, the currently requested IF/TENS unit combo is not medically necessary.

Electrodes x 10 and batteries x 10 for the IF/TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines x 8 C.C.R. 9792.20 & 9792.26 MTUS (Effective July 18, 2009) Page(s): 114-121 of 127.

Decision rationale: Regarding the request for electrodes and batteries, it is noted that the IF/TENS unit is not medically necessary. As such, there is no indication for electrodes and batteries. In light of the above, the electrodes and batteries are not medically necessary.