

Case Number:	CM15-0079339		
Date Assigned:	04/30/2015	Date of Injury:	06/07/2010
Decision Date:	06/04/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/24/2015

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

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 55-year-old female who sustained an industrial injury on June 7, 2010. She has reported bilateral knee pain, bilateral hand, and wrist pain. Treatment has included medical imaging, surgery, activity modification, assistive devices, physical therapy, medication, injections, and aqua therapy. Recent progress report dated December 16, 2014 noted the injured worker had positive crepitation to the right knee. There was tenderness to palpation over the joint line. Patellofemoral crepitation pain bilaterally. The left knee revealed tenderness to palpation over the joint line. The treatment request included a retrospective TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS: 02/03/15) TENS Unit QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

Decision rationale: Based on the 02/03/15 progress report provided by treating physician, the patient presents with bilateral knee pain rated 4/10 on the right and 6/10 left. The patient is status post right knee arthroscopic debridement, date unspecified. The request is for retrospective (DOS: 3/3/15) tens unit qty: 1.00. RFA dated 03/03/15 provided. Patient's diagnosis on 02/03/15 included bilateral knee osteoarthritis, and left knee internal derangement. Physical examination on 12/16/14 revealed healed arthroscopic portals on the right knee, tenderness to palpation over the joint line of right knee, and patellofemoral crepitation pain bilaterally. Treatment to date included medical imaging, surgery, activity modification, assistive devices, physical therapy, medication, injections, and aqua therapy. The patient is temporarily totally disabled and retired, per 02/03/15 progress report. Treatment reports were provided from 01/28/14 - 02/03/15. For TENS unit, MTUS guidelines, on page 116, require (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; rental would be preferred over purchase during this trial. (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) A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. Criteria for Use of TENS Unit on page 116 and state that "There is evidence that other appropriate pain modalities have been tried (including medication) and failed." Also, the recommended trial period is for only 30 days. Per 02/03/15 progress report, treater states "request TENS unit for pain. [The patient] had a TENS unit before that has worked but is now broken." It appears this is a request for a replacement TENS unit to be used for the patient's knee pain. In this case, the patient does not present with a diagnosis indicated for the use of TENS. MTUS recommends TENS for neuropathic pain, CRPS, Multiple Sclerosis, Phantom pain, and spasticity pain. Furthermore, MTUS requires documentation of how often the unit was used, pain relief and goals during a one-month trial, prior to dispensing home units; which treater has not provided. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.