

Case Number:	CM15-0090911		
Date Assigned:	05/15/2015	Date of Injury:	03/31/2014
Decision Date:	06/22/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/11/2015

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: New York, Tennessee
 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:

This is a 32 year old female with a March 31, 2014 date of injury. A progress note dated April 8, 2015 documents subjective findings (left knee pain rated at a level of 5-9/10; history of vasomotor changes causing blue discoloration of the knee), objective findings (antalgic gait; mild to moderate vasomotor changes with bluish discoloration of the left knee; mild decreased temperature to touch of the left foot and ankle; tenderness along the medial and lateral joint line), and current diagnoses (left knee chronic regional pain syndrome symptoms; medication induced gastritis; status post left knee chondroplasty with extensive three compartment synovectomy/debridement and resection of hypertrophic synovial plica). Treatments to date have included physical therapy (no improvement), medications, corticosteroid injection (increased pain), arthroscopic knee surgery (no significant benefit), and imaging studies. The treating physician documented a plan of care that included purchase of a transcutaneous electrical nerve stimulator unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tens Unit Purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 114-115.

Decision rationale: TENS units are 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, including reductions in medication use, for neuropathic pain, phantom limb pain, spasticity, and multiple sclerosis. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. Functional restoration programs (FRPs) are designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. In this case, there is no documentation that the patient is participating in a FRP. In addition there is no documentation of a successful one month home trial of TENS unit treatment. The request should not be authorized.