

Case Number:	CM15-0094499		
Date Assigned:	05/21/2015	Date of Injury:	07/31/2012
Decision Date:	07/03/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/18/2015

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 50 year old female, who sustained an industrial/work injury on 7/31/12. She reported initial complaints of left knee pain. The injured worker was diagnosed as having left knee traumatic open wound infection (chronic). Treatment to date has included medication, diagnostics, surgery (incision/drainage), wound care, intravenous antibiotics, physical therapy, infectious disease consultation, and transcutaneous electrical nerve stimulation (TENS) unit trial. MRI results were reported on 10/29/12 showed partial tear of her MCL (medial collateral ligament) and anterior cruciate ligament (ACL) (anterior cruciate ligament) and subcutaneous edema around the knee joint. Currently, the injured worker complains of pain in the knees, swelling, and warmth to left knee. Per the primary physician's progress report (PR-2) on 4/9/15, examination revealed inability to flex left knee beyond 90 degrees, full extension, pain in hamstring and calf area, left knee intact but hyperemic. A knee brace was worn to the left side. Current plan of care included bracing, continue TENS, continue physical therapy, and medication. The requested treatments include purchase of transcutaneous electrical nerve stimulation (TENS) unit, Electrodes, skin preps, and batteries for 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Functional improvement, TENS, chronic pain (transcutaneous electrical nerve stimulation), Criteria for use of TENS.

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

Decision rationale: The patient presents with chronic left knee pain. The current request is for PURCHASE OF TENS UNIT. The Request for Authorization is dated 04/01/15. Treatment to date has included medication, diagnostics, surgery (incision/drainage), wound care, intravenous antibiotics, physical therapy, infectious disease consultation, and transcutaneous electrical nerve stimulation (TENS) unit trial. The patient is working modified duty. Per MTUS Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1 month home-based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple scoliosis. According to progress report 04/09/15, the patient underwent another surgery of the left knee for a wound infection on 09/12/14. The patient complains of pulsating sensation in the left knee. The patient has been given a trial TENS unit for home use by Allied Physical Therapy. There is no further discussion regarding the use of a TENS unit. In this case, the patient has trialed a TENS unit with no documentation regarding frequency of use, magnitude of pain reduction, and functional changes with the use of a TENS unit. MTUS allows for extended use of the unit when there is documentation of functional improvement. This patient does not meet the criteria for extended use; therefore, this request IS NOT medically necessary.

Electrodes for 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Functional improvement, TENS, chronic pain (transcutaneous electrical nerve stimulation), Criteria for use of TENS.

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

Decision rationale: The current request is for ELECTRODES FOR 3 MONTHS. The Request for Authorization is dated 04/01/15. Treatment to date has included medication, diagnostics, surgery (incision/drainage), wound care, intravenous antibiotics, physical therapy, infectious disease consultation, and transcutaneous electrical nerve stimulation (TENS) unit trial. Per MTUS Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1 month home-based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple scoliosis. According to progress report 04/09/15, the patient underwent another surgery of the left knee for a wound infection on 09/12/14. The patient complains of pulsating sensation in the left knee. The patient has been given a trial TENS unit for home use and was instructed to continue using the unit. There is no further discussion regarding the use of a TENS unit. In this case, the patient has trialed a TENS unit with no documentation regarding frequency of use,

magnitude of pain reduction, and functional changes with the use of a TENS unit. MTUS allows for extended use of the unit when there is documentation of functional improvement. This patient does not meet the criteria for extended use; therefore, requested electrodes to be used in conjunction with the TENS unit IS NOT medically necessary.

Skin preps for 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Functional improvement, TENS, chronic pain (transcutaneous electrical nerve stimulation), Criteria for use of TENS.

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

Decision rationale: The current request is for SKIN PREPS FOR 3 MONTHS. The Request for Authorization is dated 04/01/15. Treatment to date has included medication, diagnostics, surgery (incision/drainage), wound care, intravenous antibiotics, physical therapy, infectious disease consultation, and transcutaneous electrical nerve stimulation (TENS) unit trial. Per MTUS Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1 month home-based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple scoliosis. According to progress report 04/09/15, the patient underwent another surgery of the left knee for a wound infection on 09/12/14. The patient complains of pulsating sensation in the left knee. The patient has been given a trial TENS unit for home use and was instructed to continue using the unit. There is no further discussion regarding the use of a TENS unit. In this case, the patient has trialed a TENS unit with no documentation regarding frequency of use, magnitude of pain reduction, and functional changes with the use of a TENS unit. MTUS allows for extended use of the unit when there is documentation of functional improvement. This patient does not meet the criteria for extended use; therefore, requested skin preps to be used in conjunction with the TENS unit IS NOT medically necessary.

Batteries for 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Functional improvement, TENS, chronic pain (transcutaneous electrical nerve stimulation), Criteria for use of TENS.

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

Decision rationale: The current request is for BATTERIES FOR 3 MONTHS. The Request for Authorization is dated 04/01/15. Treatment to date has included medication, diagnostics, surgery (incision/drainage), wound care, intravenous antibiotics, physical therapy, infectious disease consultation, and transcutaneous electrical nerve stimulation (TENS) unit trial. Per MTUS Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1 month home-based trial may be

considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple scoliosis. According to progress report 04/09/15, the patient underwent another surgery of the left knee for a wound infection on 09/12/14. The patient complains of pulsating sensation in the left knee. The patient has been given a trial TENS unit for home use and was instructed to continue using the unit. There is no further discussion regarding the use of a TENS unit. In this case, the patient has trialed a TENS unit with no documentation regarding frequency of use, magnitude of pain reduction, and functional changes with the use of a TENS unit. MTUS allows for extended use of the unit when there is documentation of functional improvement. This patient does not meet the criteria for extended use; therefore, requested batteries to be used in conjunction with the TENS unit IS NOT medically necessary.