MAXIMUS Federal Services

Case Number:	CM15-0096021		
Date Assigned:	05/22/2015	Date of Injury:	08/11/2014
Decision Date:	06/24/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/19/2015

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, Illinois, Hawaii
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 36-year-old female, with a reported date of injury of 08/11/2014. The diagnoses include right lateral epicondylitis, left medial and lateral meniscal tear, left knee sprain, derangement of anterior horn of lateral meniscus, derangement of posterior horn of medial meniscus, and left patellofemoral chondromalacia. Treatments to date have included right knee arthroscopic synovectomy with debridement of the right knee medial femoral condyle osteochondritis and repair of medial meniscus on 12/23/2014; oral medications; physical therapy; and an MRI of the left knee showed medial and lateral meniscal tears, mild chondromalacia patella, and no fractures or dislocations. The progress note dated 04/06/2015 indicates that the injured worker had persistent left knee pain anteriorly and medially. Her pain was worse with activities such as climbing, crawling, and kneeling. There was no numbness, tingling, or instability. The physical examination of the right elbow showed tenderness to palpation of the lateral epicondyle, normal strength in all groups, pain with active extension of the wrist, and intact light touch. An examination of the left knee showed mild swelling, tenderness to palpation of the medial and lateral joint line and patellofemoral joint, decreased quadriceps and hamstring strength, and range of motion 0-120 degrees. The treating physician requested the purchase of a TENS (transcutaneous electrical nerve stimulation) unit for the left knee and right elbow and electrodes, preps, and batteries for the TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit for left knee and right elbow purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential 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: MTUS states regarding TENs unit, "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, for the conditions described below." For pain, MTUS and ODG recommend TENS (with caveats) for neuropathic pain, phantom limp pain and CRPSII, spasticity, and multiple sclerosis. The medical records do not indicate any of the previous conditions.ODG further outlines recommendations for specific body parts: Low back: Not recommended as an isolated intervention. Knee: Recommended as an option for osteoarthritis as adjunct treatment to a therapeutic exercise program. Neck: Not recommended as a primary treatment modality for use in whiplash-associated disorders, acute mechanical neck disease or chronic neck disorders with radicular findings. Ankle and foot: Not recommended. Elbow: Not recommended Forearm, Wrist and Hand: Not recommended. Shoulder: Recommended for post-stroke rehabilitation. Medical records do not indicate conditions of the low back, knee, neck, ankle, elbow, or shoulders that meet guidelines. Of note, medical records do not indicate knee osteoarthritis.ODG further details criteria for the use of TENS for Chronic intractable pain (for the conditions noted above): (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) 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. At this point purchase would be preferred over rental. (7) Use for acute pain (less than three months duration) other than post-operative pain is not recommended. (8) A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. The medical records do not satisfy the several criteria for selection specifically, lack of documented 1-month trial, lack of documented short-long term treatment goals with TENS unit, and unit use for acute (less than three months) pain. Additionally, guidelines recommend against TENS unit use for the elbow. As such, the request for TENS unit for left knee and right elbow purchase is not medically necessary.

Electrodes, Props and Batteries for TENS Unit: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Durable Medical Equipment (DME) and Other Medical Treatment Guidelines Medicare.gov, durable medial equipment.

Decision rationale: MTUS and ACOEM are silent regarding the medical necessity of TENS patches, but does address TENS unit. ODG does state regarding durable medical equipment (DME), "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below" and further details "Exercise equipment is considered not primarily medical in nature."Medicare details DME as:-durable and can withstand repeated use-used for a medical reason-not usually useful to someone who isn't sick or injured-appropriate to be used in your home. While TENs supplies do meet criteria as durable medical equipment, however, the requested TENS unit does not appear to be indicated and therefore the associated supplies also do not appear to be indicated. As such, the request for Electrodes, Props and Batteries for TENS Unit is not medically necessary.