

Case Number:	CM15-0098789		
Date Assigned:	06/01/2015	Date of Injury:	02/06/2008
Decision Date:	07/07/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/21/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 46 year old female, who sustained an industrial injury on 2/06/2008. Diagnoses include internal derangement of the right knee status post surgical intervention and chronic pain. Treatment to date has included diagnostics, surgical intervention, bracing, heat and cold application, psychotherapy, TENS unit, crutches, walker, injections and medications including Zoloft, Effexor, Flexeril, Protonix, Nalfon, Trazodone, MS Contin and Percocet. Magnetic resonance imaging (MRI) is read by the evaluating provider as showing tricompartmental disease. Per the Primary Treating Physician's Progress Report dated 4/09/2015, the injured worker reported right knee pain. Physical examination revealed knee extension of 160 degrees and flexion 110 degrees with tenderness along the joint line and weakness to resisted function. An authorization was requested for a four lead TENS unit with garments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four lead TENS unit with garments: Upheld

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

Official Disability Guidelines (ODG), TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, TENS unit.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, #4 lead TENS unit with garment is not medically necessary. TENS is not recommended as a primary treatment modality, but a one-month home-based 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. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. See the guidelines for additional details. In this case, the injured worker's working diagnoses are internal derangement of the right knee status post 2 meniscectomies with grade II and III chondromalacia along the medial femoral condyle, as well as moderate tricompartmental arthritis by MRI, complex the degenerative tear posterior horn medial meniscus; status postoperative arthroscopy right knee, chronic pain, weight gain, depression, and sleep disorder. The date of injury is February 6, 2008. A progress note dated April 19, 2015 (request for authorization April 14, 2015) states the injured worker had access to a TENS unit. Additional treatments included hot/cold wraps. The injured worker is requesting a smaller TENS unit, #4 leads with a garment. The medical record does not contain objective evidence of improvement with prior TENS use. Additionally, there is no documentation of a TENS trial in the medical record. Consequently, absent clinical documentation with historical objective functional improvement to support ongoing TENS use with an upgrade to a smaller unit with a garment, #4 lead TENS unit with garment is not medically necessary.