

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 47-year-old male who reported an injury on 08/26/2011. The patient was treated conservatively with physical therapy and medications. The patient underwent surgical intervention including left knee arthroscopy, 3 compartment synovectomy, lateral meniscectomy, and chondroplasty of the medial femoral condyle. The patient was treated with postoperative physical therapy. The patient developed low back pain and sacroiliac joint pain. The patient was treated with injections. The patient's diagnoses included left sacroiliac joint dysfunction/sprain, lumbar strain, lumbar intervertebral disc displacement, and bilateral pathology status post knee surgery. Physical findings included restricted range of motion of the lumbar spine secondary to pain and bilateral straight leg raising test producing low back pain. The patient also had a left sacroiliac joint compression test that was positive on the left. It was also noted that the patient had a Gillett's and Gaenslen's test that was positive on the left. Tenderness to palpation along the sacroiliac joint on the left side was also noted. The patient's treatment plan included hyaluronic acid injections to the knees, continuation with a home exercise program, continuation of the use of a TENS unit, and continuation of use of medications.

IMR DECISION(S) AND RATIONALE(S)

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

- 1. TENS unit for a 30 day trial is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Criteria for the use of TENS: Chronic intractable pain, pages 116, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The requested 30 day trial of a TENS unit is not medically necessary or appropriate. The most recent evaluation submitted for review does indicate that the patient is currently using a TENS unit and participating in a home exercise program. However, there is no documentation of functional improvement as it is related to this treatment modality. There is no documentation of symptom resolution as a result of the TENS unit. Therefore, a 30 day trial of a TENS unit would not be considered medically necessary or appropriate.

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[REDACTED]

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