

Case Number:	CM14-0145595		
Date Assigned:	09/12/2014	Date of Injury:	04/24/2004
Decision Date:	10/23/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/08/2014

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. The expert 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 64 year-old patient sustained a knee injury on 4/24/04 while employed by [REDACTED]. Request(s) under consideration include Retrospective request for neuromuscular stim for shock (TENS unit purchase) DOS 5/1/12, 5/16/12. Conservative care has included medications, therapy, Synvisc injections, and modified activities/rest. The patient is s/p right knee arthroscopic procedure on 8/14/09 and continues to treat for chronic ongoing persistent knee complaints. MRI findings showed articular cartilage fissuring of medial patella ridge, evidence of partial lateral meniscectomy without re-tear with remainder of exam within normal limits. Evaluation on 8/1/11 had recommendation for repeat right knee arthroscopy for persistent knee pain. There is a prescription submitted 4/27/12 for post-operative PT with 3/20/12 prescription from the chiropractic provider for knee hinged brace and TENS unit purchase. There is P&S report dated 1/6/14 noting patient had MRI on 3/22/12 demonstrating recurrent medial meniscal tear. The patient underwent right knee arthroscopy with revision of partial lateral meniscectomy on 4/13/12. Future provision included follow-up with conservative treatment for acute exacerbation for the knees. The request(s) for Retrospective request for neuromuscular stim for shock (TENS unit purchase) DOS 5/1/12, 5/16/12 was modified for 30-day rental on 8/26/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for neuromuscular stim for shock DOS 5/1/12, 5/16/12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS for chronic pain, Page(s): 114-117.

Decision rationale: This 64 year-old patient sustained a knee injury on 4/24/04 while employed by [REDACTED]. Request(s) under consideration include Retrospective request for neuromuscular stim for shock (TENS unit purchase) DOS 5/1/12, 5/16/12. Conservative care has included medications, therapy, Synvisc injections, and modified activities/rest. The patient is s/p right knee arthroscopic procedure on 8/14/09 and continues to treat for chronic ongoing persistent knee complaints. MRI findings showed articular cartilage fissuring of medial patella ridge, evidence of partial lateral meniscectomy without re-tear with remainder of exam within normal limits. Evaluation on 8/1/11 had recommendation for repeat right knee arthroscopy for persistent knee pain. There is a prescription submitted 4/27/12 for post-operative PT with 3/20/12 prescription from the chiropractic provider for knee hinged brace and TENS unit purchase. There is P&S report dated 1/6/14 noting patient had MRI on 3/22/12 demonstrating recurrent medial meniscal tear. The patient underwent right knee arthroscopy with revision of partial lateral meniscectomy on 4/13/12. Future provision included follow-up with conservative treatment for acute exacerbation for the knees. The request(s) for Retrospective request for neuromuscular stim for shock (TENS unit purchase) DOS 5/1/12, 5/16/12 was modified for 30-day rental on 8/26/14. Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has received extensive conservative medical treatment to include chronic analgesics, physical therapy, injections, s/p surgical Knee procedure, and activity modifications/rest, yet the patient has remained symptomatic and functionally impaired. Although, TENS may be recommended in the acute post-operative period of 30-days for mild to moderate thoracotomy pain with lesser effect for other orthopedic procedures, there is no documentation on how or what TENS unit is requested, functional improvement from trial treatment, nor is there any documented short-term or long-term goals of treatment with the TENS unit purchase. There is no evidence for change in work status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from any TENS treatment already rendered for purchase. The Retrospective request for neuromuscular stim for shock (TENS unit purchase) DOS 5/1/12, 5/16/12 is not medically necessary and appropriate.