

Case Number:	CM14-0148418		
Date Assigned:	09/18/2014	Date of Injury:	03/28/2013
Decision Date:	10/21/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/12/2014

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 & 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:

The injured worker is a 46-year-old male who reported an injury on 03/28/2013. The mechanism of injury was the injured worker was trying to arrest a subject when the subject began to fight the officers. The injured worker tried to subdue the suspect, and the suspect fell onto the injured worker's knee. The injured worker had surgical intervention on the knee. The injured worker had 64 sessions of postoperative therapy. Medications were not provided. The most recent documentation was dated 03/21/2014 and it was the panel qualified medical re-evaluation. The injured worker indicated he had pain in the knee. Physical examination of the lower extremities revealed 4+ strength in the left knee with flexion and extension. The sensory examination was normal to light touch in the bilateral lower extremities. There was no visible atrophy in the knee. There was mild laxity in the Lachman test. There was a locally tender area over the medial joint line of the left knee and the patellar tendon insertion at the tibial tubercle. There was no effusion. There was no quadriceps fasciculation. The injured worker lacked 25 degrees of normal in flexion, and 5 degrees in extension. Diagnoses included left knee status post anterior cruciate ligament (ACL) revision and reconstruction in 04/2013, left knee patellofemoral chondromalacia and mild degenerative arthritis, and previous left knee ACL reconstruction and debridement for postop infection. The future care included a custom knee brace, anti-inflammatory agents, muscle relaxants, and rare narcotic use as well as physical therapy, re-education of a home exercise program, and modalities for pain, inflammation, and swelling. There was no Request for Authorization submitted for review. The original date of request could not be determined per the submitted documentation. There was no physician documentation requesting a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous electrical nerve stimulation (TENS) unit purchase and supplies: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommended a 1 month trial of a TENS unit as an adjunct to a program of evidence based functional restoration for chronic neuropathic pain. Prior to the trial, there must be documentation of at least 3 months of pain and evidence of other pain modalities have been trialed, including medications that have failed. Additionally, a treatment plan should be submitted, including the specific long and short term goals with the TENS unit. The clinical documentation submitted for review failed to meet the above criteria. There was a lack of documentation indicating the injured worker had trial of the unit and had objective functional benefit and an objective decrease in pain. Given the above, the request for a TENS unit purchase and supplies is not medically necessary.