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| <b>Case Number:</b>   | CM13-0004869 |                              |            |
| <b>Date Assigned:</b> | 06/09/2014   | <b>Date of Injury:</b>       | 08/13/2009 |
| <b>Decision Date:</b> | 07/31/2014   | <b>UR Denial Date:</b>       | 07/23/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/31/2013 |

### 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 Occupational Medicine 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 claimant was injured on 08/13/09. TENS electrodes, batteries, and lead wires are under review. The TENS unit itself was non-certified. The patient has complaints of intermittent dull achy left knee pain associated with his activities. He is status post knee surgery. He has well-healed surgical scars. Patellofemoral crepitus has been noted as well as decreased and painful range of motion. McMurray's test caused pain. On 05/06/13, a 1 month home-based trial of a neurostimulator TENS-EMS was requested by [REDACTED]. The claimant was evaluated on that date and was advised to do physical therapy and home exercises. He was to see a physician for medication when necessary. He was given a home TENS unit and was awaiting an MRI arthrogram of the left knee. NCV/EMG was recommended. He saw [REDACTED] on 01/07/14. He stated arthroscopic surgery (2010) gave him minimal relief. He had persistent left knee pain. He had conservative management afterward but had not improved. He had well-healed arthroscopic skin incisions. He walked with a left lower extremity antalgic gait. X-rays showed mild degenerative arthrosis. MRI showed a degenerative tear of the medial and lateral menisci. He also had persistent symptomatic chondromalacia and osteoarthritis with degenerative tears. A total knee replacement was recommended. He saw [REDACTED] on 01/03/14. His condition was unchanged. He was given medications hydrocodone, naproxen, omeprazole, and gabapentin. He received the same medications on 12/04/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**50 ELECTRODES:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS for Chronic Pain.

**Decision rationale:** The history and documentation do not objectively support the request for 50 electrodes per pair (06/11/13). The TENS unit was non-certified and supplies for its use are also not medically necessary. The MTUS state "TENS, chronic pain (transcutaneous electrical nerve stimulation): 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. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured. Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use). Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005) ...." The medical necessity of electrodes for the TENS unit has not been demonstrated.

**12 REPLACEMENT BATTERIES:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary item is not medically necessary, none of the associated items are medically necessary.

**2 LEAD WIRES PER PAIR:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary item is not medically necessary, none of the associated items are medically necessary.