

<b>Case Number:</b>	CM13-0031576		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	02/25/2009
<b>Decision Date:</b>	04/03/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### 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 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 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. 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 applicant is represented [REDACTED] employee who has filed a claim for chronic knee pain and chronic pain syndrome reportedly associated with an industrial injury on September 25, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; prior knee arthroscopy; transfer of care to and from various providers in various specialties; prior ACL reconstruction surgery; and an apparent trial of a TENS unit. In a progress note of September 16, 2013, the claims administrator denied a request for a TENS unit purchase on the grounds that there was no evidence that the applicant had completed a successful one-month trial of the same. The applicant's attorney subsequently appealed. On January 15, 2014, the applicant was admitted for a knee infection following a total knee arthroplasty surgery on January 2, 2014. The applicant's case and care were apparently complicated by comorbid hip arthritis. A handwritten progress note of December 16, 2013 is notable for comments that the applicant remains off of work, on total temporary disability. On July 1, 2013, the applicant was asked to pursue physical therapy and employ a TENS unit. The applicant was apparently off of work on June 22, 2013, it is further noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS UNIT PURCHASE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation), Page(s): 114-116.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines indicate that a TENS unit can be purchased in those applicants who completed a successful one-month trial of the same, with evidence of favorable outcomes in terms of both pain relief and function. In this case, however, there is no evidence that the applicant in fact had a favorable outcome in terms of pain relief and/or function. The applicant subsequently underwent a total knee arthroplasty after provision of the TENS unit trial. There is no evidence that the usage of the TENS unit resulted in any diminution in medication consumption or any other evidence of functional improvement as defined by the parameters established in the guidelines. Therefore, the request is not certified, on independent medical review.