

<b>Case Number:</b>	CM13-0037183		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	05/05/2013
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### 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 Family Practice, and is licensed to practice in Texas. 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 patient is a 46-year-old male who reported injury on May 5, 2013. The mechanism of injury was noted to be the patient was chasing a suspect and stepped off the curb. Per the clinical documentation, it was requested the patient have a right knee arthroscopy with medial meniscectomy and debridement, which was requested on December 6, 2013. There was a lack of a PR2, as well as a prescription to request a TENS unit. The patient's diagnosis was noted to be a tear of the medication meniscus of the knee. The request was made for the purchase of a 4-lead TENS unit for home use for the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of TENS unit for Home use for Right Knee:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 115,116.

**Decision rationale:** California MTUS guidelines recommend for ongoing treatment a one-month trial must document how often the unit was used, as well as outcomes in terms of pain relief and function and that it was used as an adjunct to ongoing treatment modalities with a functional

restoration approach. Other ongoing pain treatment should be documented during the trial period including medication usage. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. Clinical documentation submitted for review failed to provide the patient would be using the TENS unit as an adjunct to ongoing treatment. Additionally, there was lack of documentation of an objective functional benefit received from a trial period and there was a lack of duration of a trial period. There was a lack of documentation indicating the patient had a treatment plan including specific short and long-term goals of treatment and the documented necessity for a 4-lead unit. Given the above, the request for purchase of a 4 lead TENS unit for home use for right knee is not medically necessary.