

<b>Case Number:</b>	CM13-0038856		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/06/2011
<b>Decision Date:</b>	12/23/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

This is a patient of the date of injury October 6, 2011. A utilization review determination dated September 20, 2013 recommends noncertification of a Zynex Tru Wave Plus. A progress report dated September 26, 2013 identifies subjective complaints of bilateral knee symptoms. The patient continues to use a home exercise program and brace which are helpful. He has severe pain when walking. He had a cortisone injection which did not help. Objective examination findings reveal painful patellofemoral crepitus with positive McMurray's test. There is also reduced quadriceps strength. Diagnoses include status post right knee arthroscopy, chondromalacia patella, right knee degenerative joint disease, left knee degenerative disease, left knee chondromalacia patella, and history of ulcer. The treatment plan recommends continuing with a home exercise program, knee brace, and Orthovisc injections. Chiropractic treatment is also recommended and consideration for future arthroscopy. A form letter dated January 28, 2013 requests a Zynex TruWave Plus, stating that the patient has previously tried NSAIDs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zynex TRU Wave Plus:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117 of 127.

**Decision rationale:** Regarding the request for Zynex TRU Wave Plus, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) is 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. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach, with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Within the documentation available for review, there is no indication that the patient has undergone a TENS unit trial, and no documentation of any specific objective functional deficits which a tens unit trial would be intended to address. In the absence of clarity regarding those issues, the request for Zynex TRU Wave Plus unit is not medically necessary.