

<b>Case Number:</b>	CM13-0040515		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	06/26/2013
<b>Decision Date:</b>	05/15/2014	<b>UR Denial Date:</b>	10/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 & 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 52-year-old female who reported an injury on 06/26/2013, when she struck her right knee on a piece of wood. The current diagnosis is a contusion of the right knee. The most recent Physician's Progress Report submitted for this review is documented on 10/11/2013. The injured worker reported persistent pain in the right lower extremity. The injured worker has been previously treated with physical therapy. Physical examination revealed a slightly antalgic gait, moderate lateral to peripatellar joint line tenderness, minimal peripatellar effusion, lateral crepitation on the right, limited range of motion and an inability to squat. Treatment recommendations at that time included an MRI of the right knee.

### 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) DEVICE PURCHASE, WITH ELECTRODES, AND BATTERIES FOR A THREE MONTH SUPPLY, FOR THE RIGHT KNEE IS NOT MEDICALLY NECESSARY.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month home-based trial may be considered as a noninvasive conservative option. As per the documentation submitted, there is no evidence of a successful 1 month trial period with documentation of how often the unit was used as well as outcomes in terms of pain relief and function prior to the request for a purchase. There was also no evidence of a treatment plan, including the specific short and long-term goals of treatment with a TENS unit. Therefore, the current request cannot be determined as medically appropriate. As such, the request is not medically necessary and appropriate.