

<b>Case Number:</b>	CM13-0042610		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/04/2009
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 is a 56-year-old gentleman injured on December 4, 2009, with no mechanism of injury provided. The records available for review document knee complaints, for which the claimant underwent an April 2010 knee arthroscopy and meniscectomy followed by a July 2011 arthroscopic lateral meniscectomy and debridement. A clinical report dated October 9, 2013, describes continued right knee complaints, which are being managed with a cane and medication. Physical examination showed tenderness over the joint line, positive crepitation and positive grind testing. The records note that the claimant previously utilized a TENS device; the records contained no documentation of benefit from treatment with the TENS unit. The reviewed records do not reference imaging studies, other physical examination findings or additional treatment. This request is for a TENS device.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(1) Transcutaneous electrical nerve stimulation (TENS) unit: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) / Transcutaneous electrotherapy Page(s): 114-116.

**Decision rationale:** Based on California MTUS Chronic Pain Guidelines, a TENS device would not be indicated. According to the Chronic Pain Guidelines, a one-month trial of a TENS device can be considered as a non-invasive conservative option or as an adjunct to a program of evidence-based functional restoration. In this case, the records reviewed state that the claimant already utilized a TENS device with no documentation of long-term benefit or significant change in pain complaints or activity level. Without documentation of benefit from a previous trial of the TENS device, the request for use of the device for an additional six weeks would not be supported as medically necessary.