

<b>Case Number:</b>	CM13-0046525		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/04/2010
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### 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 Pain Management and 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 63-year-old-male who suffered an industrial injury on 03/04/2010. He had knee arthroscopy with partial medial meniscectomy surgery on 01/28/13. Right knee range of motion is decreased at 0-100 degrees. The injured worker has had 18 postop physical therapy visits and 12 aquatic therapy visits to date. He continues to complain of pain and a sensitive left knee. He also complains of persistent discomfort with swelling and popping. On exam, there is diffused tenderness, with maximal tenderness at the medial joint line and pain with manipulation. An MRI obtained on 04/28/2010, revealed evidence of a tear of the medial meniscus with a parameniscal cyst and medial joint line synovitis. Medications include Ultracet and Voltaren gel. Previous request for a TENS unit purchase, electrodes, and batteries for a 3 months use was non-certified due to lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ELECTRODES ( 8 PRS PER MO) / 3 MONTHS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, CHRONIC PAIN Page(s): 114-16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** According to the CA MTUS guidelines, TENS for chronic pain, is recommended as a one-month home-based TENS trial which may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration for knee osteoarthritis. Additionally, ODG criteria states that TENS can be used for chronic intractable pain if there is evidence that other pain modalities have been tried and failed, including medications. In this case, there is no documentation of any adjunct therapy. Furthermore, the request is for a 3-month trial which exceeds the guidelines. Therefore, based on the CA MTUS guidelines as well as the clinical documentation, the request for TENS, Batteries and Electrodes is considered not medically necessary.

**BATTERIES (6 AAA PER MO) / 3 MONTHS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, CHRONIC PAIN Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment.

**Decision rationale:** According to the CA MTUS guidelines, TENS for chronic pain, is recommended as a one-month home-based TENS trial which may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration for knee osteoarthritis. Additionally, ODG criteria states that TENS can be used for chronic intractable pain if there is evidence that other pain modalities have been tried and failed, including medications. In this case, there is no documentation of any adjunct therapy. Furthermore, the request is for a 3-month trial which exceeds the guidelines. Therefore, based on the CA MTUS guidelines as well as the clinical documentation, the request for TENS, Batteries and Electrodes is considered not medically necessary.

**TENS UNIT (GSM HD COMBO WITH HAN) PURCHASE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, CHRONIC PAIN Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** According to the CA MTUS guidelines, TENS for chronic pain, is recommended as a one-month home-based TENS trial which may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration for knee osteoarthritis. Additionally, ODG criteria states that TENS can be used for chronic intractable pain if there is evidence that other pain modalities have been tried and failed, including medications. In this case, there is no documentation of any adjunct therapy. Furthermore, the request is for a 3-month trial which exceeds the guidelines. Therefore, based on the CA MTUS guidelines as well as the clinical documentation, the request for TENS, Batteries and Electrodes is considered not medically necessary.

