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| <b>Case Number:</b>   | CM13-0053043 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 07/06/2013 |
| <b>Decision Date:</b> | 04/30/2014   | <b>UR Denial Date:</b>       | 10/16/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/06/2013 |

### 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, has a subspecialty in Pain Management 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 with a date of injury of 7/6/13. A utilization review determination dated 10/16/13 recommends non-certification of TENS purchase. 10/9/13 medical report identifies left knee pain, stiffness, and weakness. On exam, there is knee swelling, motor 4/5 left quadriceps and hamstring, ROM is decreased and painful, 3+ tenderness, and positive McMurray's.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HOME TENS/EMS UNIT FOR PURCHASE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 116.

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

**Decision rationale:** California MTUS Chronic Pain Medical Treatment Guidelines cites that, prior to purchase, a one-month rental of the TENS unit should be documented to include how often the unit was used, outcomes in terms of pain relief and function, other ongoing pain treatment including medication usage, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. In absence of such

documentation, the currently requested home TENS/EMS unit for purchase is not medically necessary.