

<b>Case Number:</b>	CM13-0054541		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/15/2012
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 patient is 56 year old female who was injured on 03/15/2012 with complaints of pain in her right knee and lower back. Prior treatment has included, Cortisone injections and TENS unit. The patient has failed ongoing treatment consisting of the modalities including physical therapy, back braces, topical analgesic medication and oral medication. The patient had 28 physical therapy sessions and 12 physiotherapy visits. On 08/19/2012 the patient had right knee arthroscopic surgery and a right total knee replacement on 06/26/2013. Diagnostic studies performed on 02/28/2013 CT right lower extremity. The patient has degenerative osteoarthropathy of the right knee. Clinic note dated 11/07/2013, documented the patient complained of intermittent slight pain in the lower back without significant radiation of the pain into the left or right leg. The patient states that back pain is made worse by activities including bending, lifting, stooping, and prolonger sitting and twisting. The patient complained of constant slight pain in the right knee. There is occasional swelling and a giving way feeling when going down stairs. Physical examination slightly antalgic gait on the right side and used a cane. The pain is extreme near knee extension and flexion. When the patient ambulates she has pain on the right side mostly over the lateral aspect of her knee joint. Area remains tender. The patient complained of very slight pain on the lower back and no pain in the legs with forward flexion. No tenderness or muscle spasm was present in the muscles. No residual tenderness over the left and right sacroiliac joint and no tenderness over either sciatic notch. The lumbar Range of motion is normal. The patient does have intractable right knee and lower back pain. The patient has had prior experience with use of a TENS unit that gave her pain relief. She has been prescribed a TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of a TENS unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Chronic Pain Page(s): 114-115. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, TENS.

**Decision rationale:** Due to the lack of supporting documentation providing justification for the use of home TENS unit, the request is denied

**6 months of lead wires and electrodes:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic Pain Page(s): 114-115.

**Decision rationale:** Similar to the evidence listed above regarding prescription for home TENS unit, there is no supporting documentation to justify a 6 month prescription for lead wires and electrodes. There is no documentation of length of time with chronic pain, no specified anatomic location for use and no documented short and long term goals for treatment. Given the lack of supporting documentation, this request is denied