

<b>Case Number:</b>	CM13-0057943		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/25/2003
<b>Decision Date:</b>	03/19/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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:

This is a 73 year-old female who was injured on 11/25/13. She has been diagnosed with lumbar spine musculoligamentous injury; right knee internal derangement arthrosis; s/p left knee TKA; right thumb pain with arthrosis of the basilar joint. According to the 10/21/13 report from [REDACTED], the patient has had extensive acupuncture and PT and she has a TENS rental that is about to expire, and she would like to continue with it as it is really helping her.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The 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 Transcutaneous Electrotherapy Page(s): 114-121.

**Decision rationale:** The patient presents the pain in the lumbar spine, both knees and right thumb. She had prior history of left knee TKA, and right knee arthroscopy on 4/19/12. The request is for the purchase of a TENS unit. The TENS trial was reported to really help the patient, but details have not been documented. It is not known where or why she uses the TENS,

the duration and frequency of use, or the functional benefits, or if she is using it as a primary treatment modality, or with a program of functional restoration. MTUS recommends TENS for neuropathic pain, CRPS, spasticity and MS. The reporting does not list neuropathic pain, and states there are no muscle spasms. The request is not in accordance with MTUS guidelines.