

<b>Case Number:</b>	CM13-0064911		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	06/06/2011
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2013

### 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 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:

According to the records provided for review, this is a 50-year-old male with a date of injury of 6/6/11. At the time of request for authorization for purchase of transcutaneous electrical nerve stimulation (TENS) unit Biostim M7 Digital 6 months re-rental, there is documentation of subjective complaints of right knee pain with swelling and limited range of motion; left shoulder pain radiating to the upper extremity, and low back pain, and objective complaints of mild tenderness, stiffness, and swelling over the right knee, and limited range of motion of the right knee findings. The current diagnoses include medial meniscus tear, left leg osteoarthritis, and cervicgia. The treatment to date include physical therapy, medications, and a thirty (30) day TENS unit trial. There is no documentation of how often the unit was used, outcomes in terms of pain relief and function, and other ongoing pain treatment during the trial period including medication use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PURCHASE OF TENS UNIT BIOSTIM M7 DIGITAL, SIX (6) MONTHS RE-RENTAL:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SECTION TENS, CHRONIC PAIN (TRANSCUTANEOUS ELECTRICAL NERVE STIMUL.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SECTION TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) Page(s): 113-117.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommends documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a statement identifying that the transcutaneous electrical nerve stimulation (TENS) unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS, as criteria necessary to support the medical necessity of a month trial of a TENS unit. In addition, MTUS guidelines recommends documentation of how often the unit was used, outcomes in terms of pain relief and function, and other ongoing pain treatment during the trial period (including medication use), as a criteria necessary to support the medical necessity of continued TENS unit. Within the medial information available for review, there is documentation of the diagnoses of medial meniscus tear, left leg osteoarthritis, and cervicalgia. In addition, there is documentation of a previous thirty (30) day trial of TENS unit. However, there is no documentation of how often the unit was used, outcomes in terms of pain relief and function, and other ongoing pain treatment during the trial period (including medication use). Therefore, based on the guidelines and a review of the evidence, the request for purchase of TENS Unit Biostim M7 Digital six (6) months re-rental is not medically necessary.