

<b>Case Number:</b>	CM13-0067439		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/26/2013
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 Nevada. 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 54-year-old female who was reportedly injured on March 26, 2013. The mechanism of injury is noted as lifting a patient in a bed. The most recent progress note, dated November 15, 2013, indicates that there are ongoing complaints of left knee and left arm pain. The physical examination demonstrated range of motion of the left knee from 32 115. There was a positive McMurray's and Apley's test as well as medial joint line tenderness and a positive anterior drawer test. Physical examination of the lumbar spine also reveal tightness and paraspinal muscle spasms. There was a request for a cane, a knee brace and the use of a home transcutaneous electrical nerve stimulation (TENS) unit. Previous treatment includes cortisone injections, physical therapy, left knee surgery, and postoperative physical therapy. A request had been made for the purchase of a TENS unit between November 27, 2013, and January 11, 2014 and was not certified in the pre-authorization process on December 2, 2013

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 PURCHASE OF TRANSCUTANEOUS ELECTICAL NERVE STIMULATION (TENS) UNIT: Upheld**

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

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

**Decision rationale:** The use of a Transcutaneous Electrical Nerve Stimulation unit is intended as a treatment modality for individuals with neuropathic pain. According to the most recent progress note dated, November 15, 2013, there are no complaints of radicular symptoms nor are there any objective signs of any on physical examination. For these reasons this request for the use of a transcutaneous electrical nerve stimulation (TENS) unit is not medically necessary.