

<b>Case Number:</b>	CM13-0069412		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/15/2009
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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 Occupational 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 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 applicant is a represented [REDACTED] company employee who filed a claim for chronic knee pain and knee arthritis associated with an industrial injury of July 16, 2009. Thus far, the applicant has been treated with analgesic medications, long and short acting opioids, topical compounds, knee surgery (October 15, 2013), and extensive periods of time off of work. In a progress note dated November 21, 2013, the applicant was described as having persistent knee pain rated at 9/10. The applicant was given a BioniCare device for the right knee. The applicant was status post left knee total knee arthroplasty on October 15, 2013. It was stated that applicant would ultimately need a right knee total knee arthroplasty. The applicant is having difficulty sleeping secondary to pain; 8/10 pain was noted. The applicant was using a cane to move about. The applicant's case and care were complicated by diabetes. The applicant was on metformin, Dilaudid, Celebrex, Morphine, and Prilosec. A variety of medications were refilled. On November 22, 2013, the applicant reported persistent bilateral knee pain. The applicant was still using cane to move about. The applicant was using a TENS unit and a knee brace on the right knee at that point in time. The applicant was attending physical therapy twice or thrice weekly. The applicant was not working. It was suggested that the applicant's usage of the TENS unit was facilitating his ability to participate in physical therapy. On August 28, 2013, it was stated that the applicant was trying to use a stationary bike, despite complaints of pain. On October 31, 2013, the applicant stated that pain medications were facilitating his ability to walk with crutches. It was stated that the applicant had clear goals for treatment. The applicant was apparently trying to improve functionality and improve his quality of life.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HOME TRANS CUTANEOUS ELECTRICAL NERVE STIMULATOR DEVICE USE DAILY AT LEAST ONE HOUR OR AS NEEDED-PURCHASE:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339, Chronic Pain Treatment Guidelines MTUS 9792.23.b2.. Decision based on Non-MTUS Citation ODG knee chapter, TENS topic.

**Decision rationale:** The applicant was in the postsurgical phase of the injury on the date of the utilization review report, December 10, 2013, following earlier knee surgery on October 15, 2013. As noted in the MTUS 9792.23.b2, the postsurgical treatment guidelines in section 9792.24.3 shall apply together with any other applicable treatment guidelines found within the MTUS. In this case, the ACOEM Chapter 13 states that TENS units may be beneficial in applicants with chronic knee pain. In this case, the attending provider has posited that ongoing, earlier usage of the TENS unit had been beneficial for the applicant. The attending provider stated that the applicant was using the TENS unit to facilitate the performance of home exercises, including ambulation. The attending provider stated that the applicant was intent on functional restoration and was apparently using the TENS unit to facilitate postoperative rehabilitation. It is further noted that the Official Disability Guidelines states that TENS can be recommended as an option for applicants with arthritis who are using the unit in conjunction with the therapeutic exercise program, as the addition of TENS plus exercise appears to produce improved function. In this case, the applicant has issues with bilateral knee arthritis. These have, to some degree, been ameliorated by postoperative usage of the TENS device, which has facilitated the applicant's performance of home exercises, postoperatively. As such, the request is medically necessary.