

<b>Case Number:</b>	CM13-0071646		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	12/14/1999
<b>Decision Date:</b>	06/12/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/27/2013

### 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 & 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:

The patient is a 71 year old male who was injured on 12/14/1999 when his knee popped while he was changing a light bulb. The patient underwent a right knee arthroscopic surgery on 04/06/2000, two right knee total replacements on 07/27/2005 and 06/21/2011, three cortisone injections on his right knee, a left knee total replacement on 03/28/2011, and a right knee bone graft on 11/13/2012. A pain and spine note dated 11/25/2013 states the patient reports moderate relief with physical therapy and heat treatment. He did report excellent relief from a TENS unit and ice treatment. He has moderate to severe right knee pain and he describes it as excruciating. He also has tried Pennsaid without much relief. He uses a cane to get about. He states the Norco helps the pain. The Norco relieves the pain for 3-4 hours and he takes on average 3-4 day. His right leg is swollen and painful. He is taking Butrans, Allegra, Carbamazepine, Celebrex, Doxazosin Mesylate, hydrocodone, Oxycodone, Prilosec, Warfarin Sodium, Tamsulosin, and Subsys. On exam, the patient has a right-sided heel strike, antalgic gait. The right knee movements are painful with flexion beyond 100 degrees. There is tenderness to palpation over the patella. The patellar tilt test is negative. The patellar grind test is negative. Range of motion of the right knee is 0-120. The patient is diagnosed with knee and leg sprain/strain; enthesopathy of the knee and lower leg pain in the joint. The treatment and plan includes a request for a TENS unit as this will greatly reduce his pain. A prior UR dated 12/04/2013 reports a TENS unit is not recommended as it is not documented that the patient has completed one month home-based TENS trial and a lack of additional documentation has been provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A TRANSCUTANEOUS ELECTRICAL NERVE STIMULATOR (TENS) UNIT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines section on TENS Page(s): 114-117.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines, TENS as for post-operative pain is recommended as a treatment option for acute post-operative pain in the first 30 days post-surgery. The MTUS Chronic Pain Guidelines states regarding criteria for the use of TENS in chronic pain management, "A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial." The medical report dated 11/25/2013 documents that the patient has had an excellent relief from TENS unit and ice treatment, but it does not document detailed description about the pain relief and functional restoration. Accordingly, the medical necessity of a Transcutaneous Electrical Nerve Stimulator (TENS) unit has not been established according to the MTUS Chronic Pain Guidelines.