

<b>Case Number:</b>	CM14-0123141		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	06/12/1998
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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 made available for review, this is a 53-year-old female with a 6/12/98 date of injury. According to the request on 7/22/14, there was documentation of subjective right knee pain, weakness, paresthesia, and morning stiffness. There were also objective notes that included; right knee tenderness to palpation and edema. Current diagnosis is medial meniscus tear. Treatment to date includes; medications, compressive knee brace and the use of a TENS unit (since at least February 2013). There is no documentation of how often the TENS 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:

**TENS unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) Page(s): 113-117.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies, "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 criteria necessary to support the medical necessity of continued TENS unit. There is documentation of a diagnosis of medial meniscus tear throughout the medical records reviewed. In addition, there is documentation of the use of the TENS unit since at least February 2013. However, there is no documentation of how often the TENS 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 guidelines and a review of the evidence, the request for TENS unit is not medically necessary.