

<b>Case Number:</b>	CM14-0161041		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	02/04/2012
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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 Orthopaedic Surgery 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:

This 53-year-old male painter sustained an industrial injury on 2/4/12. Injury occurred when he fell from a ladder and twisted his right knee. Past medical history was positive for diabetes. Past surgical history was positive for right arthroscopic meniscectomy on 5/4/12, right anterior cruciate ligament repair on 9/11/13, and right knee arthroscopic debridement notch plasty for arthrofibrosis on 4/23/14. The 6/4/14 H-wave form indicated that there was no relief or benefit after using a TENS unit. The H-wave unit was used for 16 days for the right knee with reported decreased medication use, 70% improvement, and it allowed for more family interaction. The 8/5/14 right knee x-ray impression documented degenerative osteophytes off the medial femoral condyle, lateral femoral condyle, medial tibial plateau, and lateral tibial plateau articular surfaces, and the posterior aspect of the patellar lower pole. The 8/28/14 treating physician progress report cited intermittent moderate right knee pain and stiffness. Physical exam documented bruising, swelling, and atrophy. There was tenderness to palpation over the anterior knee, medial joint line, lateral joint line, and superior border of the patella. There were anterior knee muscle spasms, and pain with McMurray's. The diagnosis was status post right knee surgery. The treatment plan recommended purchase of a TENS/EMS unit. The 9/8/14 utilization review denied the request for a TENS/EMS unit as there was no documentation that other appropriate pain modalities had been tried, including medications, and failed, and there was no documentation of the guideline-supported diagnosis of neuropathic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS, right knee for purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy (TENS) Page(s): 116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

**Decision rationale:** The California MTUS guidelines for transcutaneous electrotherapy indicate that a one-month home-based TENS unit trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration for certain conditions. Supported indications include neuropathic pain, complex regional pain syndrome, phantom limb pain, spasticity in spinal cord injury, and multiple sclerosis. Criteria for the use of TENS include chronic intractable pain with evidence that other appropriate pain modalities have been tried (including medications) and failed. TENS may also be an option for acute post-operative pain in the first 30 days after surgery. Guideline criteria have not been met. There is no documentation that the patient has chronic intractable neuropathic pain that has not responded to medications or physical therapy. The patient is beyond the guideline-supported 30 day post-surgical period for TENS use. Records indicated that a TENS unit trial had not been beneficial. Therefore, this request is not medically necessary.

**EMS, right knee for purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

**Decision rationale:** The California MTUS guidelines recommend the use of transcutaneous electrotherapy in the treatment of pain when specific indications are met for individual electrotherapy modalities. In general, the guidelines do not recommend the use of any form of electrical stimulation as a primary treatment modality. There is no guideline support for the use of neuromuscular electrical stimulation for chronic pain. Galvanic stimulation is considered investigational for all indications. Interferential current stimulation is supported for a one-month trial if pain is ineffectively controlled by medications or the patient has been unresponsive to conservative measures. An H-wave trial may be considered as option for chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e. exercise) and medications, plus transcutaneous electrical stimulation (TENS). Guideline criteria have not been met. The specific wave-form of the requested electrotherapy unit has not been identified which is required to establish medical necessity. There is no evidence that the patient has failed conservative treatment in the form of medications and physical therapy. Therefore, this request is not medically necessary.

