

<b>Case Number:</b>	CM14-0034589		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	07/12/2007
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 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 injured worker is a 62-year-old male who reported an injury on 07/12/2007. The mechanism of injury was not provided for clinical review. The diagnoses included musculoligamentous sprain of the lumbar spine with lower extremity radiculitis, disc bulge at L4-5, internal derangement of the bilateral knees, tear of medial and lateral meniscus bilateral knees, tendonitis, schwannoma, medial nerve, left wrist, degenerative disc disease of the lumbar spine, history of Osgood-Schlatter disease, status post microscopic dissection of the medial nerve, left volar forearm. Previous treatments include TENS unit, exercise, program, chiropractic therapy, and medications. Within the clinical note dated 03/22/2012, it was reported the injured worker complained of knee sharp pain and complained of right knee discomfort. On the physical examination, the provider noted the injured worker had a positive McMurray's maneuver, medial and laterally, left knee. The provider noted the range of motion of the left knee was extension at 175 degrees and flexion at 110 degrees. The provider requested the continuation of the electrical stim unit and supplies. The rationale is not provided for clinical review. The request for authorization is not provided for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**E stim unit supplies:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tens.

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

**Decision rationale:** The request for E stim unit supplies is not medically necessary. The injured worker complained of right knee pain and discomfort. He complained of left knee sharp pain. The California MTUS Guidelines do not recommend a TENS unit as a primary treatment modality. A 1 month home based TENS trial may be considered a noninvasive conservative option, if used as an adjunct to a program of evidence based functional restoration. There is evidence that other appropriate pain modalities have been tried (including medication), and failed. The results of studies are inconclusive, the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. There is lack of documentation indicating the efficacy of the e-stim unit, the injured worker's prior course of e-stim unit. The provider failed to document the number of supplies he is requesting. There is lack of documentation indicating the type of supplies the provider is requesting. Therefore, the request is not medically necessary.