

<b>Case Number:</b>	CM14-0051070		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	08/13/2010
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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 and Rehabilitation, has a subspecialty in Interventional Spine 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 34 year old with an injury date on 8/13/10. Patient complains of left knee instability and has some arthritis with medial jointline tenderness on inside of the knee per 3/12/14 report. Patient had a second anterior cruciate ligament (ACL) reconstruction from 2012 which failed, and has not been able to function normally since then per 2/5/14 report. Based on the 3/12/14 progress report provided by [REDACTED] the diagnosis is left knee ACL failure: this would then require a revision ACL reconstruction. Exam on 3/12/14 showed full range of motion of bilateral knees. Medial joint line tenderness on the left knee. Markedly positive Lachman, positive anterior drawer, negative posterir drawer. Positive pivot shift. Normal sensation throughout. [REDACTED] is requesting one kneehab TENS unit with conductive garment purchase. The utilization review determination being challenged is dated 3/25/14. [REDACTED] is the requesting provider, and he provided treatment reports from 10/8/13 to 6/4/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One Kneehab TENS Unit w/conductive garment purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous Electrical Nerve Stimulation). Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chapter on Chronic Pain Page(s): 114-116. Decision based on Non-MTUS Citation ODG for TENS, chronic pain (transcutaneous electrical nerve stimulation).

**Decision rationale:** This patient presents with left knee instability secondary to pain and is s/p failed second left anterior cruciate ligament (ACL) reconstruction from 2012. The treater has asked for one kneehab TENS unit with conductive garment purchase but the request for authorization was not included in provided reports. Review of the report shows no evidence patient has been using a TENS unit. Regarding TENS units, MTUS guidelines allow a one month home based trial accompanied by documentation of improvement in pain/function for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and Multiple Sclerosis. A jacket should not be certified until after the one-month trial and only with documentation that the individual cannot apply the stimulation pads alone or with the help of another available person. In this case, the treater has asked for a TENS unit and a conductive garment but there is no documentation regarding a prior one month trial of a TENS unit. In addition, for the requested conductive garment, MTUS guidelines require documentation that patient is unable to apply stimulation pads alone. Given a lack of required documentation regarding a prior TENS unit trial and also regarding patient's inability to apply patches. The requested treatment is not medically necessary and appropriate.