

<b>Case Number:</b>	CM14-0055776		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	05/30/2013
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	04/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2014

### 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 and is licensed to practice in Illinois. 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 47-year-old male who reported an injury on 05/30/2013 due to an unknown mechanism. Diagnoses were left knee anterior cruciate ligament tear, posterior cruciate ligament sprain in the left knee, questionable damage to the cartilage in the patella and the left knee. Past treatments have been home exercise, use of a hinged knee brace, and physical therapy. Diagnostic studies were not reported. Surgical history was not reported. Physical examination on 09/24/2013 revealed complaints of mild intermittent left knee pain which was daily. The pain was worsened with prolonged sitting. Physical examination of the left knee revealed anterior medial and mid medial joint line tenderness. There was no lateral joint line tenderness. Hamstring strength was 5/5 and quadriceps strength was 5/5. McMurray's and Lachman's test were both positive. Medications were Relafen as prescribed. Treatment was for authorization left knee arthroscopy and partial medial meniscectomy. The rationale and authorization were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ELECTRODES 2 MONTH SUPPLY PRIME DUAL TENS/EMS UNIT 4-6 MONTHS RENTAL BATTERIES 2 MONTH SUPPLY LEAD WIRES 2 MONTH SUPPLY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTROTHERAPY Page(s): 116-117, 121.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, , NMES Page(s): 114-116 and 121.

**Decision rationale:** The request for electrodes 2 month supply prime dual TENS/EMS unit 4 to 6 months rental batteries 2 month supply lead wires 2 month supply is not medically necessary. The California Medical Treatment Utilization Schedule recommends a 1 month trial of a TENS unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial, there must be documentation of at least 3 months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. They do not recommend neuromuscular electrical stimulation (NMES devices) as there is no evidence to support its use in chronic pain. Per [progressiveorthopedicsolutions.com](http://progressiveorthopedicsolutions.com), the Pro-tech multi-stimulator unit includes TENS, NMES/EMS, and MS therapies into 1 unit. The rationale to support the medical necessity of this request was not reported. The physical examination report was dated 09/24/2013, almost a year ago. Due to the lack of information and rationale for medical necessity, the request is not medically necessary.