

<b>Case Number:</b>	CM14-0066771		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	05/04/2010
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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 68-year-old female who reported an injury on 05/04/2010 due to an industrial injury to her right lower extremity. The injured worker had a physical examination on 06/03/2014 with complaints of ongoing pain to the right knee, which continued to worsen. It was noted that a request was put in for viscous supplementation in an attempt to avoid a partial knee replacement. However, it was denied. The injured worker stated she underwent corticosteroid injections in the past, which initially did not help her. The injured worker did state that in March she had a corticosteroid injection to the right knee with pain reduction of 40%. The injured worker's hardware has been removed and the injured worker felt that she should be given another opportunity to try viscous supplementation. Examination of the right knee revealed crepitation through range of motion. There was tenderness to the patella with mild effusion noted with tenderness to the medial and lateral joint lines as well. There was no instability noted. Medications were Oxycodone 5 mg, Ambien 10 mg, and Celebrex. The injured worker had another physical examination dated 06/12/2014 where the chief complaint was right foot pain. The injured worker had surgery to the right foot in 2012 to include right exostectomy and external neurolysis at medial dorsal cutaneous nerve. The injured worker stated she was unable to wear regular shoes. An examination of the right foot showed minimal edema, tenderness over the dorsal cutaneous nerve, and positive Tinel's sign. Diagnoses for the injured worker were neuritis, status post patellar fracture, chondromalacia of the patella, and femoral condyle to the right knee. Past medications for the injured worker were Lorazepam, Prozac, Trazodone, Diazepam, Zolpidem, Nortriptyline, Prilosec, Verapamil, and Neurontin. Past medical treatments for the injured worker were corticosteroid injections, physical therapy, and arthroscopy of the right knee. The treatment plan for the injured worker was to put a request in for a transcutaneous

Electrical Nerve Stimulation (TENS) unit. The rationale and request for 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:

**TENS Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic Pain (Transcutaneous electrical nerve stimulation) Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines -Ankle & Foot (web updated 4/7/14).

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

**Decision rationale:** It was reported in the documentation submitted for review that on 02/17/2011 the injured worker had use of a TENS unit which did not state what part of the body the injured worker was using it for. The injured worker reported no improvement with the TENS unit. The injured worker has had numerous steroid injections to the right foot and right knee with no improvement. The injured worker has also had numerous sessions of physical therapy with no reported measurable gains in functional improvement. Numerous reported medications have been tried and failed in the past. The injured worker had surgery of the right exostectomy and external neurolysis of medial dorsal cutaneous nerve at the beginning of the year 2012. The injured worker continued to complain of pain to the right foot postoperatively and to the present. The California Medical Treatment Utilization Schedule states TENS unit is not recommended as a primary treatment modality, but a 1 month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. The criteria for the use of a TENS unit for chronic intractable pain are documentation of pain for at least a 3-month duration, evidence that other appropriate pain modalities have been tried and failed, other ongoing pain treatments should also be documented during a 30-day trial of the TENS unit including medication usage and treatment plan including the specific short-term and long-term goals of treatment with the TENS unit should be submitted. The request should also state if a 2-lead unit is requested or a 4-lead unit; it must be documented why this is necessary. The guidelines also state a 1 month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. A rental would be preferred over purchase during this trial period. The request submitted does not state what part of the injured worker's body it is to be used on. The request does not state whether this is for rental or purchase. The treatment plan for the injured worker did not report other ongoing pain treatments to correlate with the usage of a TENS unit. The medical necessity of the request has not been established. Therefore, a Transcutaneous Electrical Nerve Stimulation (TENS) Unit is not medically necessary.