

<b>Case Number:</b>	CM14-0072941		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	09/26/2011
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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:

According to the records made available for review, this is a 66-year-old male with a 9/26/11 date of injury, and right knee arthroscopic surgery on 3/15/13. At the time (4/29/14) of request for authorization for Purchase of replacement supplies for home TENS unit, there is documentation of subjective (pain on right knee when standing up or sitting) and objective (swollen right knee with crepitus) findings, current diagnoses (status post right knee arthroscopy, chondroplasty medial femoral condyle, and limited synovectomy), and treatment to date (medications, TENS unit, and home exercise program). There is no documentation of how often the unit was used; outcomes in terms of pain relief and function; and other ongoing pain treatment during the trial period.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of replacement supplies for home TENS unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS), page(s) 113-117 Page(s): 113-117.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS, as criteria necessary to support the medical necessity of a month trial of a TENS unit. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of how often the unit was used, outcomes in terms of pain relief and function, and other ongoing pain treatment during the trial period (including medication use), as criteria necessary to support the medical necessity of continued TENS unit. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of status post right knee arthroscopy, chondroplasty medial femoral condyle, and limited synovectomy. In addition, there is documentation of ongoing treatment with a TENS unit. However, there is no documentation of how often the unit was used, outcomes in terms of pain relief and function, and other ongoing pain treatment during the trial period. Therefore, based on guidelines and a review of the evidence, the request for Purchase of replacement supplies for home TENS unit is not medically necessary.