

<b>Case Number:</b>	CM14-0076848		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	01/14/2013
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 General Preventive Medicine and is licensed to practice in Indiana. 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:

This employee is a 40 year old male with date of injury of 1/14/2013. A review of the medical records indicate that the patient is undergoing treatment for bilateral knee sprain, bilateral Achilles tendon and ankle strain, bilateral knee internal derangement, lumbar spine and radicular pain. Subjective complaints include continued low back pain; difficulty with gait and pain in ankles bilaterally. Objective findings include tenderness to palpation of paravertebral muscles of lumbar spine, with limited range of motion in all directions; negative straight leg raise; decrease strength and range of motion for ankles bilaterally. Treatment has included physical therapy, Flexeril, and Norco. The utilization review dated 5/12/2014 non-certified extended rental of TENS unit with supplies for 6 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extended rental of neurostimulator TENS/EMS unit for bilateral ankle only with supplies X 6 months:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Interferential Current Stimulation, Transcutaneous electrotherapy Page(s): 54, 114-116, 118-120.

**Decision rationale:** ACOEM guidelines state, "Insufficient evidence exists to determine the effectiveness of sympathetic therapy, a noninvasive treatment involving electrical stimulation, also known as interferential therapy. At-home local applications of heat or cold are as effective as those performed by therapists." MTUS further states, "Not recommended as an isolated intervention" and details the criteria for selection:- Pain is ineffectively controlled due to diminished effectiveness of medications; or - Pain is ineffectively controlled with medications due to side effects; or - History of substance abuse; or - Significant pain from postoperative conditions limits the ability to perform exercise programs/ physical therapy treatment; or- Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). "If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits."The medical documents do not comment on many of the above criteria including unresponsiveness to other conservative measures such as repositioning, heat/ice, etc. As such, the request for a TENS unit with 6 months of supplies is not medically necessary.