

<b>Case Number:</b>	CM14-0078232		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	08/05/2013
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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 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 44 year old male injured on August 5, 2013 due kneeling down on the ground for several hours, installing a base in the floor, injuring the left knee. Progress note, dated March 11, 2014, indicate the injured worker complains of pain to the left knee. Physical exam on this day reveals slightly antalgic gait, approximately 10 degrees varus with slight thrust at heel strike, induration is noted around knee, prominence at the tibial tubercle, patellofemoral crepitus is present, 10 degree flexion contracture, and flexion is 120 degrees. Diagnoses include left knee pain. X-ray of the left knee revealed arthritis. The injured worker is status post left knee arthroscopy in October 2013. Medications include Voltaren ER. The injured worker underwent three Synvisc injections with some pain relief after physical therapy and acupuncture in 2013. Clinical note dated April 3, 2014, indicate the injured worker's pain level is 2 out of ten while participating in activities of daily living, 5 out of 10 while performing chores around the house, and 10 out of 10 while participating in leisure activities. The previous utilization review, dated April 28, 2014, denied request for One month home-base trial of neurostimulator TENS-EMS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One month home-base trial of neurostimulator TENS-EMS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain

**Decision rationale:** According to the CA MTUS guidelines, TENS for chronic pain, is recommended as a one-month home-based TENS trial which may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions such as: Neuropathic pain, Phantom limb pain, Spasticity, and Multiple sclerosis. Per ODG, TENS is not recommended as a primary treatment modality, but a one-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, including reductions in medication use; for knee osteoarthritis as an option for as adjunct treatment to a therapeutic exercise program. There is no documented neuropathic pain diagnosis to establish the need for the TENS unit. There is no documentation of reduction in pain medications, functional restoration or any therapeutic exercise program. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is therefore not certified as medically necessary.