

<b>Case Number:</b>	CM14-0014668		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	04/14/2000
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 male who reported an injury on 04/14/2000. The mechanism of injury was not provided. On 11/05/2013, the injured worker presented for follow up. It was noted that he was using a TENS unit on a daily basis as an adjunct for pain management and reported functional improvement in pain relief. It was also noted that with the use of a TENS unit, he was only having to use his oral medications for breakthrough pain. The physical examination revealed tenderness along the medial joint line, subpatellar crepitation with range of motion, and pain with deep flexion of the left knee. He was also noted to have decreased range of motion of the lumbar spine. His diagnoses were listed as status post left knee medial meniscectomy, medial compartment arthropathy of the left knee, and possible discogenic low back pain. The treatment plan included a request for TENS unit supplies and medication refills. Details regarding his past treatment since his 04/14/2000 injury were not provided. A request was received for TENS unit supplies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS (TRANSCUTANEOUS NERVE STIMULATION) UNIT SUPPLIES:** Upheld

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

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

**Decision rationale:** According to the California MTUS Guidelines, use of a TENS unit may be considered as a noninvasive conservative treatment option when used as an adjunct to a program of evidence based functional restoration for specific neuropathic conditions. The clinical information submitted for review indicated that the injured worker had left knee and low back conditions. However, there was no documentation indicating that these were specifically neuropathic pain conditions for which TENS units have been shown to be effective. In addition, it was noted that he reported decreased medication use, as well as unspecified functional improvement in pain relief with use of a TENS unit. However, there was no quantified evidence to support this with pain ratings before and after use of a TENS unit and specific improvements in function. Furthermore, there was no documentation indicating that he was using a TENS unit as an adjunct to a program of evidence based functional restoration as required by the guidelines. Moreover, the request as submitted did not indicate which body region the TENS unit was being used to treat and did not specify the type or amount of supplies being requested. As such, the request is not medically necessary.