

<b>Case Number:</b>	CM14-0135728		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	08/20/2012
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2014

### 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, Arizona  
 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 44-year-old female who reported an injury on 08/20/2014 after a slip and fall on a wet bathroom floor which reportedly caused injury to her left knee. The injured worker's treatment history included physical therapy and medications. The injured worker was evaluated on 07/25/2014. It was documented that the injured worker had complaints of constant moderate achy left knee pain that was exacerbated by prolonged activity. Objective findings included decreased range of motion due to pain and tenderness to palpation along the anterior knee and lateral and medial joint lines. It was noted that the injured worker had a positive McMurray's test. It was noted that x-rays dated 05/30/2014 were reviewed and revealed degenerative osteoarthritis of the medial and lateral tibial articular surface. The injured worker's diagnoses included left knee internal derangement, left knee sprain, sleep disturbance, anxiety and depression. The injured worker's treatment plan included continuation of physical therapy and medications. A request was made for an MRI arthrogram of the left knee. No Request for Authorization was submitted to support the request for an EMS/TENS unit rental for 90 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMS/TENS unit, rent for 90 days:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114.

**Decision rationale:** The requested EMS/TENS unit rental for 90 days is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the use of a TENS unit in conjunction with an active therapy program to assist with the management of chronic pain. However, a 30 day trial is recommended. The clinical documentation does not provide any evidence that the injured worker has undergone a 30 day trial. The request for a 90 day rental exceeds this recommendation. There are no exceptional factors noted to support extending treatment beyond guideline recommendations. Furthermore, the request as it is submitted does not specify a body part. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested EMS/TENS unit, rent for 90 days is not medically necessary or appropriate.