MAXIMUS Federal Services

| Case Number: | CM14-0202605 | | |
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| Date Assigned: | 12/15/2014 | Date of Injury: | 05/04/2013 |
| Decision Date: | 01/31/2015 | UR Denial Date: | 11/03/2014 |
| Priority: | Standard | Application Received: | 12/03/2014 |

## 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 Internal Medicine and is licensed to practice in New York. 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 52 year old male injured worker suffered an industrial accident on 11/03/2014. The details of the accident and injury were not included in the medical record provided. The current diagnoses included bilateral knee arthralgia, left knee meniscal tear along with possible ligament tears, right knee meniscal tear and internal derangement of both knees. Progress notes of the provider on 10/20/2014 described the injured worker to have pain in bilateral knee with diffuse tenderness and crepitus. There was a Request for Authorization on 7/25/2014 for a TENS (multi-stim) unit with supplies. The medical record did not include rationale for the request of the TENS unit. The UR decision on 11/3/2014 did not find the TENS unit to be medically necessary as there was not documentation providing criteria to establish medical necessity, no current exam or rationale for the request and no documentation of anticipated functional improvement including no short or long term goals.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Multi-Stim Unit Plus Supplies:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 113-117.

**Decision rationale:** Per the guidelines, a TENS unit 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. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. In this injured worker, other treatment modalities are not documented to have been trialed and not successful. Additionally, it is not being used as an adjunct to a program of evidence based functional restoration which is part of the guidelines. There is no also indication of spasticity, phantom limb pain, post-herpetic neuralgia or multiple sclerosis which the TENS unit may be appropriate for per the guidelines. The medical necessity for a TENS unit is not substantiated.