

<b>Case Number:</b>	CM15-0005425		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	10/02/2013
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	01/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2015

### 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 39 year old female, who sustained an industrial injury on October 2, 2013. She has reported a trip and fall, resulting in injury of the right knee. The diagnoses have included dislocated knee, sprain of knee & leg. Treatment to date has included medications, ice pack, home exercise program, and knee brace. Currently, the IW complains of pain, swelling of right knee. She walks with crutches, and is noted to have swelling and inability to flex or extend the knee, secondary to pain. On January 2, 2015, Utilization Review non-certified TENS (transcutaneous electrical nerve stimulation) unit patches, two times, based on Chronic Pain Medical Treatment guidelines. On January 5, 2015, the injured worker submitted an application for IMR for review of TENS (transcutaneous electrical nerve stimulation) unit patches, two times.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS patches x 2:** Overturned

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

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

**Decision rationale:** According to the 12/22/2014 report, this patient presents with right knee pain that is "constant, burning sensation, worse with activity, frequently radiates to R foot with numbness/tingling." The current request is for TENS patches x 2. The request for authorization is on 01/02/2014. The patient's work status is "return to modified work on 12/22/2014." Regarding TENS units, the MTUS guidelines state "not recommended as a primary treatment modality, but a one-month home-based unit trial may be considered as a noninvasive conservative option" and may be appropriate for neuropathic pain. The guidelines further state a "rental would be preferred over purchase during this trial." In reviewing the provided reports, the patient presents with neuropathic pain of the lower extremity. The treating physician indicates "TENS unit helpful for pain control." In this case, the treating physician provided discussion regarding how TENS unit has been beneficial; therefore, this request IS medically necessary.