

<b>Case Number:</b>	CM15-0101275		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	08/17/2011
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	04/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 51-year-old male who sustained an industrial injury on 08/17/11. Initial complaints are not available. Initial diagnoses include right total knee replacement. Treatments to date include a home TENS unit, gym membership, and exercises, and medications. Diagnostic studies are not addressed. Current complaints include right knee pain. Current diagnoses include right knee pain status post right total knee replacement and hypertension. In a progress note dated 04/15/15 the treating provider reports the plan of care as water exercises for one year, medication including Ultracet, Cymbalta, Nortriptyline, Motrin, and Lidoderm, as well as a new TENS unit. The requested treatment is a replacement TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of TENS unit for home use:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS chronic pain (transcutaneous electrical nerve stimulation).

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

**Decision rationale:** MTUS Guidelines support the use of a TENS unit if there is reasonable evidence of use, meaningful pain relief, impact on other treatments and functional support. None if these key issues are addressed in the request for a renewed unit. It is not clear how much the unit was used. There is no evidence of pain relief or diminished use of medications as a result of ongoing use. There are no functional benefits reported secondary to its use. Additional documentation could influence the authorization for a request the TENS renewal. Under the current circumstances, the purchase of a TENS unit for home use is not supported by Guidelines and is not medically necessary.