

<b>Case Number:</b>	CM15-0107577		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	07/23/1992
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### 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: Texas, New York, 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 applicant is a represented 52-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of July 22, 1992. In a Utilization Review report dated June 4, 2015, the claims administrator failed to approve a request for placement of TENS unit. The claims administrator referenced a RFA form received on May 28, 2015 and an associated progress note of May 20, 2015 in its determination. The applicant's attorney subsequently appealed. On said May 20, 2015 progress note, the applicant reported ongoing complaints of knee pain, 5 to 8/10 with attendant symptoms of locking, clicking, and giving way. The applicant was using Norco, Lortab, Soma, and Ambien, it was reported in the current medication section of the note. The applicant was waking up at night several times secondary to pain complaints, it was reported. Portions of the note appeared to have been truncated. The applicant's work status was not explicitly stated. On April 22, 2015, the applicant again reported ongoing complaints of knee pain, 4 to 7/10. The applicant was again described as using Ambien, Lortab, Norco, and Soma. The applicant exhibited a significant limp in the clinic. The applicant apparently carried a diagnosis of rheumatoid arthropathy, it was stated. Once again, the applicant's work status was not detailed. In a progress note dated December 26, 2014, the applicant again reported ongoing complaints of knee pain, exacerbated by lifting, carrying, walking, and driving, it was reported. The applicant reported giving way about the knee from the time to time. A revision of knee replacement was pending, it was reported. Once again, the applicant's work status was not detailed.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Replacement TENS Unit:** Upheld

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

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

**Decision rationale:** No, the replacement TENS unit was not medically necessary, medically appropriate, or indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of a TENS unit beyond an initial one-month trial and, by implication, provision of the replacement TENS unit device at issue should be predicated on evidence of favorable during an earlier one-month trial of said TENS unit, with evidence of favorable outcomes "in terms of pain relief and function". Here, however, it did not appear that the previously provided TENS unit had in fact generated the requisite improvements in pain and/or function needed to justify provision of the replacement. The applicant's work status was not stated on multiple office visits, referenced above, including on April 22, 2015. The applicant reported difficulty performing activities of daily living such as basic as sitting, standing, walking, driving, etc., it was reported on that date and on other notes. Usage of TENS unit failed the applicant's dependence on opioid agents such as Lortab, Norco, etc., and/or nonopioid agents such as Soma. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e despite pervious usage of the TENS unit in question. Therefore, the request is not medically necessary.