

<b>Case Number:</b>	CM15-0010554		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	09/17/2007
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	01/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 69 year old male who sustained an industrial injury on 09-17-2007. According to a progress report dated 12-23-2014, the injured worker was status post left knee arthroscopy x 2 performed in 2009 and 2010 with residual pain. Pain was rated 8 out of 10 and was "moderate to severe". He reported difficulty sleeping and was often awakened at night due to pain. Examination of the left knee demonstrated 2 plus effusion, tenderness to palpation over the medial and lateral joint line and at the patella femoral joint line and tenderness over the surgical portals. He was able to heel-toe walk, but with pain. He was able to squat 15% of normal due to pain. Range of motion was decreased with flexion and extension. L2, L3, L4, L5 and S1 myotomes were decreased in the left lower extremity secondary to pain. Diagnoses included status post left knee arthroscopy x 2 with residual pain and sleep disorder. The injured worker was waiting to receive a medium open patella left knee brace with metal stays. A TENS unit with supplies for use and a hot and cold unit were requested. He was to undergo a course of physical therapy, chiropractic care and acupuncture for the left knee 3 times per week for 6 weeks and 3 treatments of shockwave therapy. He was awaiting an MR arthrogram of the left knee. Work status was noted as temporarily totally disabled. On 01-05-2015, Utilization Review non-certified the request for DME: TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME: TENS Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines do not recommend TENS as a primary treatment modality, but support consideration of a one-month home-based TENS trial used as an adjunct to a program of evidence-based functional restoration. Furthermore, criteria for the use of TENS includes pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a documented one-month trial period stating how often the unit was used, as well as outcomes in terms of pain relief and function. The documentation submitted for review does not indicate that a one-month trial has occurred. The request is not medically necessary.