

<b>Case Number:</b>	CM15-0187709		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	08/22/2012
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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: Indiana, Michigan, California  
 Certification(s)/Specialty: Family Practice

### 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 48 year old female who experienced a work related injury on August 22, 2012. Diagnoses include joint pain and effusion of the lower leg, tear of the medial meniscus of the left knee, severe chondromalacia and sciatica. Diagnostic testing has involved a MRI of the left knee on November 4, 2014 showing a medial meniscal tear and chondromalacia, left knee arthrogram on November 11, 2014 with no meniscus or ligament tear present and another left knee MRI on July 14, 2015 revealing osteoarthritis and tearing of the patellar tendon. Treatment has consisted of left knee arthroscopies with meniscectomy, TENS, physical therapy and medications. Request is for Home TENS unit, 2 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home TENS Unit, 2 months:** Overturned

**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:** Chart review revealed that a one month home-based TENS trial was approved and there is documentation that the injured worker has experienced pain relief with TENS treatment. Criteria for the use of TENS with chronic intractable pain include documentation of pain for at least 3 months, evidence that other appropriate pain modalities have been tried and failed and a one month trial period of the TENS unit should be documented and used as an adjunct to ongoing treatment modalities within a functional restoration approach. This criteria is essentially met after studying the records though clear evidence of a functional restoration approach is not appreciated the collective treatment being utilized is substantial and diverse. Therefore, the request for Home TENS Unit, 2 months is medically necessary and appropriate.