

<b>Case Number:</b>	CM15-0189191		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	07/28/2009
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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:

This 53 year old male sustained an industrial injury on 7-28-09. Documentation indicated that the injured worker was receiving treatment for bilateral knee pain. Previous treatment included right knee medial meniscus repair with chondroplasia repair of the trochlea (2009), knee braces, injections and medications. In an initial evaluation dated 4-18-15, the injured worker complained of ongoing "significant" bilateral knee pain associated with swelling and clicking. The injured worker continuing to work daily and used his knee braces while working. The injured worker reported that he used medications (Tylenol and Naproxen Sodium) very sparingly. Physical exam was remarkable for mild tenderness to palpation to bilateral knees with "limited" range of motion, "some" guarding at end range of motion for rotary movements and 5 out of 5 strength. In a PR-2 dated 5-6-15, the injured worker had undergone a transcutaneous electrical nerve stimulator unit trial. The injured worker reported pain at 5 out of 10 on the visual analog scale before the trial and 3 out of 10 following use of the transcutaneous electrical nerve stimulator unit. The physician recommended daily use of the transcutaneous electrical nerve stimulator unit to reduce pain, decrease the need for oral medications and increase function. In a Pr-2 dated 8-28-15, the injured worker complained of ongoing bilateral knee pain, rated 7 out of 10. The injured worker had received a right knee steroid injection with minimal improvement. The injured worker reported that the transcutaneous electrical nerve stimulator unit was helpful and Lidopro ointments were "very helpful for managing pain and keeping his oral pain medication to a minimum". Physical exam was remarkable for "positive bilateral crepitus". The treatment plan included continuing Lidopro ointment, Naproxen Sodium and Omeprazole, pending

authorization for right knee physical therapy and psychology evaluation and requesting authorization for bilateral knee braces and transcutaneous electrical nerve stimulator unit patches. On 9-17-15, Utilization Review noncertified a request for retrospective transcutaneous electrical nerve stimulator unit patch x 2 pairs.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retrospective Tens patch x 2 pairs:** 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:** Based on the 8/28/15 progress report provided by the treating physician, this patient presents with dull to sharp bilateral knee pain that worsens with squatting/going up stairs, rated 7/10 on VAS scale. The treater has asked for Retrospective TENS patch x 2 pairs on 8/28/15. The request for authorization was not included in provided reports; however a prior request for authorization from 7/17/15 requested "dispense TENS unit (new) old broke" and gave the diagnoses as knee pain and status post knee repair. The patient is s/p left knee surgery, unspecified, from 2009 per 8/14/15 report. The patient has had right knee steroid injections with minimal improvement, and states that right knee range of motion has been decreased per 8/28/15 report. The patient takes Naproxen once daily as needed for pain, and decreases pain about 30-40% per 8/14/15 report. The patient is to return to modified work but no date is given, and it is noted the employer is able to accommodate restrictions per 8/28/15 report. MTUS Guidelines, Transcutaneous electrotherapy section, page 114-116, under Criteria for the use of TENS states: "A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function." In this case, the provider is requesting 2 pairs of TENS unit patches for this patient's continuing bilateral knee pain. The patient was using a TENS unit per 5/15/15 report although the duration of prior usage was not noted. Per request for authorization dated 7/17/15, the treater requested a new TENS unit as the old one broke. Progress note dated 8/28/15 does note that the TENS unit has been effective at reducing this patient's pain. The utilization review letter dated 9/17/15 denies request stating that TENS is not certified for osteoarthritis of the knee, and quotes guidelines for "form-fitting TENS device." However, the request appears to be for 2 pairs of a replacement patch for the recently purchased unit, which is reasonable considering that prior usage of TENS unit has been effective. Therefore, the request is medically necessary.