

<b>Case Number:</b>	CM15-0192447		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	08/21/2007
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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:

The injured worker is a 60 year old male, who sustained an industrial injury on 08-21-2007. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for diabetes, high blood pressure, internal derangement of the knees bilaterally, chronic pain, sleep disorder, and gastroesophageal reflux disease (GERD). Medical records (04-01-2015 to 08-31-2015) indicate ongoing bilateral knee pain with the right worse than the left. Pain levels were 8 out of 10 on a visual analog scale (VAS) per the progress notes dated 06-12-2015. No other pain ratings were noted. Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has returned to work as he is retired and deemed permanent and stationary. The physical exam, dated 08-31-2015, revealed tenderness along the medial joint-line of the knee, positive anterior drawer test, left knee instability, positive McMurray's test, tenderness along the patella, and knee extension of 180° and flexion of 125°. Relevant treatments have included: right knee surgery, physical therapy (PT), cortisone injections, Hyalgan injections, braces, transcutaneous electrical nerve stimulation (TENS) unit, work restrictions, and pain medications. The request for authorization (08-31-2015) shows that the following equipment requested: a four lead transcutaneous electrical nerve stimulation (TENS) unit with conductive garment. The original utilization review (09-04-2015) non-certified the request for a four lead transcutaneous electrical nerve stimulation (TENS) unit with conductive garment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Four lead transcutaneous electrical nerve stimulation (TENS) unit with conductive garment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004, and Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** The 60 year old patient complains of pain in bilateral knees along with hypertension and diabetes, as per progress report dated 10/01/15. The request is for Four lead transcutaneous electrical nerve stimulation (TENS) unit with conductive garment. The RFA for this case is dated 08/31/15, and the patient's status post 08/21/07. Diagnoses, as per progress report dated 10/01/15, included internal derangement of right knee status post meniscectomy, internal derangement of the left knee status post arthroscopy followed by total joint replacement, GERD, hypertension, headaches, sexual dysfunction, diabetes and sleep issues. Requested medications included Naproxen, Tramadol, Lunesta and Effexor. The patient has been allowed to sedentary type of work, as per the same progress report. For TENS unit, MTUS chronic pain guidelines, on page 116 and Transcutaneous Electrotherapy section, require (1) Documentation of pain of at least three months duration. (2) There is evidence that other appropriate pain modalities have been tried (including medication) and failed. (3) 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; rental would be preferred over purchase during this trial. (4) Other ongoing pain treatment should also be documented during the trial period including medication usage. (5) A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. (6) A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. Criteria for Use of TENS Unit on page 116 and state that "There is evidence that other appropriate pain modalities have been tried (including medication) and failed. Also, the recommended trial period is for only 30 days." In this case, the patient is using a two-lead TENS unit, as per progress report dated 10/01/15. The treater is requesting for a four-lead TENS unit with conductive garment in progress report dated 08/31/15. None of the recent reports, however, document the efficacy of the two-lead unit in terms of its impact on reduction of pain and improvement in function. The treater does not discuss the purpose of a new four-lead TENS unit. It is not clear how it will be used. Additionally, there is no documentation of prior one-month trial of the unit and its outcome, and there is no treatment plan with short- and long-term goals. Hence, this request IS NOT medically necessary.