

<b>Case Number:</b>	CM15-0202209		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	06/24/2010
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	10/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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: Arizona, 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 52 year old female, who sustained an industrial injury on 06-24-2010. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for chondromalacia, and ankle pain. Medical records (04-30-2015 to 09-17-2015) indicate ongoing left knee pain. Pain levels were not rated in severity on a visual analog scale (VAS). Records also indicate no changes in activity level or level of functioning. Per the treating physician's progress report (PR), the IW has returned to work with restrictions. The physical exam of the left knee, dated 04-30-2015, revealed tenderness at the left patellofemoral joint, crepitus with range of motion (ROM) and resisted ROM, and no laxity to varus or valgus stressing. Relevant treatments have included: independent exercise program, TENS (transcutaneous electrical nerve stimulation) unit with good benefit, work restrictions, and pain medications. The request for authorization (09-24-2015) shows that the following supplies were requested: monthly supplies for. The original utilization review (10-13-2015) non-certified the request for monthly supplies for TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Monthly supplies for TENS (transcutaneous electrical nerve stimulation) unit: Upheld**

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

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

**Decision rationale:** According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. The claimant has been using the TENS for over 2 years. The request for continued TENS supplies is not supported by the guidelines and indefinite use is not medically necessary.