

<b>Case Number:</b>	CM15-0208347		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	10/11/2013
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 41 year old male, who sustained an industrial injury on 10-11-2013. The injured worker is undergoing treatment for: left knee pain, low back pain. On 8-18-15, and 9-29-15, he reported continued left knee pain. He also reported grinding, clicking, of the left knee. Objective findings revealed left sided antalgic gait, use of a cane, decreased lumbar spine range of motion, negative anterior and posterior drawer sign, negative McMurray's sign, and tenderness with flexion of the knee. The provider noted requesting a TENS unit for "persistent left knee pain and low back pain". The treatment and diagnostic testing to date has included: magnetic resonance imaging of the left knee (5-1-15), at least 8 physical therapy sessions for the left knee reported to have given 30 percent improvement, left knee surgery (8-22-14) reported to have given improvement of 25 percent. Medications have included: naproxen, Ketoprofen, magnetic resonance image of the lumbar spine (12-22-14). Current work status: temporarily totally disabled. The request for authorization is for: TENS unit. The UR dated 10-7-2015: non-certified the request for a TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS 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:** The claimant sustained a work injury in October 2013 when he fell from scaffolding and underwent left knee arthroscopic surgery in August 2014. He continues to be treated for left knee and low back pain. When seen in September 2015 he had completed physical therapy for his knee with a 30% improvement. He was having constant left knee pain with stabbing, grinding, and clicking and occasional locking and reported numbness and tenderness over the anterolateral shin. He was having frequent swelling. A steroid injection had been recommended. Physical examination findings included an antalgic gait with use of a cane. There was tenderness with knee flexion and minimal edema. Posterior drawer testing was positive. There was decreased lumbar range of motion. Imaging results were reviewed. Gabapentin and naproxen were refilled and requested included topical Voltaren and a TENS unit for persistent knee and low back pain. Criteria for the continued use of TENS include documentation of a one-month trial period of the TENS unit including how often the unit was used, as well as outcomes in terms of pain relief. In this case, there is no documented home-based trial of TENS. Providing a TENS unit for indefinite use is not medically necessary.