

<b>Case Number:</b>	CM15-0025562		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	05/23/2009
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 56 year old female who sustained an industrial injury on 05/23/2009. Current diagnoses include chronic post-operative pain, chronic pain due to trauma, pain in joint-lower leg, and internal derangement of knee. Previous treatments included medication management, acupuncture, uses a cane for ambulation. right knee injections, left knee arthroscopy in 2008, and right knee replacement in 2011. Report dated 01/26/2015 noted that the injured worker presented with complaints that included right knee, lower extremity, and cervical pain. Pain level was rated as 8 out of 10 on the visual analog scale (VAS). Physical examination was positive for an antalgic gait. Utilization review performed on 02/04/2015 non-certified a prescription for purchase of TENS unit, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of TENS Unit (3000):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 116. Decision based on Non-MTUS Citation Pain section, TENS

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TENS unit is not medically necessary. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. See the guidelines for additional details. In this case, the injured worker's past medical history includes chronic postoperative pain; chronic pain due to trauma; knee/lower leg pain any: and other internal derangement of knee. There are no current diagnoses listed in the medical record. A review of the documentation does not show a one-month TENS trial with documentation of how often the TENS unit was used and outcomes in terms of pain relief and function. Additionally, there were no specific short and long-term goals submitted. Consequently, absent clinical documentation of a one month TENS trial period, TENS for purchase is not medically necessary.