

<b>Case Number:</b>	CM15-0212141		
<b>Date Assigned:</b>	10/30/2015	<b>Date of Injury:</b>	07/23/2013
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	10/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2015

### 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 35 year old female, who sustained an industrial injury on 7-23-13. The injured worker was diagnosed as having knee degenerative joint disease, lumbar spondylosis and lower back pain. Subjective findings (7-16-15, 8-11-15 and 9-11-15) indicated left knee and left lumbar pain. The injured worker rated her pain 3-6 out of 10. Objective findings (7-16-15, 8-11-15 and 9-11-15) revealed crepitus in the left knee with passive range of motion, tenderness over the left iliac crest and pain with standing and walking. As of the PR2 dated 9-21-15, the injured worker reports some ongoing anterior knee pain with bent knee activities. She is six months status post left knee debridement and lateral release medial retinaculum repair. Objective findings include 1+ patellofemoral crepitance with active range of motion and left knee range of motion 0-120 degrees. Treatment to date has included physical therapy for the left knee x at least 8 sessions from 6-3-15 through 7-10-15, a functional restoration program starting on 8-31-15, Advil and Tylenol. The Utilization Review dated 10-21-15, non-certified the request for a rental of a TENS unit for one month trial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Durable Medical Equipment (DME) rental of a TENS unit for one (1) month trial:** 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:** Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in conjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain for diagnosis such as neuropathy or CRPS of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. There is no documentation on how or what TENS unit is requested, previous trial of benefit if any, nor is there any documented short-term or long-term goals of treatment with the TENS unit. There is no evidence for change in functional status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the treatment already rendered including extensive comprehensive multimodality treatment s/p functional restoration program for this 2013 chronic injury. The Durable Medical Equipment (DME) rental of a TENS unit for one (1) month trial is not medically necessary or appropriate.