

<b>Case Number:</b>	CM15-0213088		
<b>Date Assigned:</b>	11/02/2015	<b>Date of Injury:</b>	10/20/2008
<b>Decision Date:</b>	12/29/2015	<b>UR Denial Date:</b>	10/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2015

### 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:

This injured worker is a 62-year-old female, who sustained an industrial injury on 10-20-2008. The injured worker was diagnosed as having internal derangement of the knee on the right status post abrasion chondroplasty along the medial tibial plateau in 2009, internal derangement of knee on the left, discogenic lumbar condition, ankle sprain and due to chronic pain, inactivity the injured worker has gained 40 pounds and a sleep disorder. On medical records dated 09-14-2015 and 10-06-2015, the subjective complaints were noted as low back pain, bilateral knees and left ankle pain. Objective findings were noted as tenderness in both knees. Right knee revealed swelling and diffuse tenderness with crepitus was noted. Lumbar spine revealed tenderness to palpation over the lumbar paraspinal muscles consistent with spasm, bilaterally and lumbar facet loading maneuvers was positive. Treatments to date included medication, cortisone and Hyalgan injections, two lead TENS unit, braces and surgical interventions. The injured worker was noted to undergo laboratory studies. Current medications were not listed on 10-01-2015. The Utilization Review (UR) was dated 10-16-2015. A Request for Authorization was submitted. The UR submitted for this medical review indicated that the request for four lead TENS unit conductive garment was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Four lead TENS unit conductive garment:** 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:** Based on the 10/06/15 progress report provided by treating physician, the patient presents with pain to the low back, both knees and left ankle. The patient is status post right knee chondroplasty in 2009. The request is for FOUR LEAD TENS UNIT CONDUCTIVE GARMENT. Patient's diagnosis per Request for Authorization form dated 10/06/15 includes lumbar region intervertebral disc disorder, unspecified internal derangement of right and left knee. Treatment to date has included surgery, imaging studies, injections and medications. Patient's medications include Naproxen, Protonix, Trazodone, Flexeril and Tramadol. Work status not provided. Treater states the patient "can do at best sedentary type of work," per 10/06/15 report. MTUS, page 116 Transcutaneous Electrotherapy section, regarding TENS: (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, MTUS recommends TENS for neuropathic pain, CRPS, Multiple Sclerosis, Phantom pain, and spasticity pain. 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. Treater states in 10/06/15 report "...I am recommending a four-lead TENS unit." MTUS requires documentation of one month prior to dispensing TENS home units, as an adjunct to other treatment modalities, with a functional restoration approach. Per 09/14/15 report, treater states the patient "used a TENS unit, which provided her with no significant pain relief." It appears the patient may already have a TENS unit. However, treater has not provided reason for the request, nor indicated how the TENS unit is used, nor what body part is treated. There is no treatment plan with short and long-term goals, either. In addition, treater does not explain why a conductive garment is needed. The patient does not present with a medical condition such as skin pathology nor require a large area of treatment to warrant the use of a conductive garment. Therefore, the request for a conductive garment IS NOT medically necessary.