

<b>Case Number:</b>	CM15-0046756		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	10/18/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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(n) 42 year old male, who sustained an industrial injury on 10/18/13. He reported pain in the right knee. The injured worker was diagnosed as having bilateral knee strain with right chondromalacia patellae. Treatment to date has included physical therapy, acupuncture and pain medications. As of the PR2 dated 11/25/14, the injured worker reports continued pain in the bilateral knees. He indicated that the pain was constant in the right knee and intermittent in the left knee. The treating physician noted mild tenderness along the left medial joint line and left patella tendon. The treating physician requested a one month trial of a neurostimulator TENS-EMS unit for the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One month home trail of neurostimulator TENS/EMS for the right knee:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS  
 Page(s): 114-121.

**Decision rationale:** The patient presents on 03/11/14 with right knee pain rated 5/10. The patient's date of injury is 10/18/13. Patient has no documented surgical history directed at this complaint. The request is for ONE MONTH HOME TRIAL OF NEUROSTIMULATOR TENS/EMS FOR THE RIGHT KNEE. The RFA was not provided. Physical examination dated 09/27/14 reveals tenderness to palpation over the inferior pole of the right patella, and unrestricted range of motion to the joint. The patient's current medication regimen was not provided. Diagnostic imaging was not included, though 03/11/14 progress note references MRI of the right knee dated 11/26/13, significant findings include: "low-grade fissuring of the chondromalacia affecting the central trochlear cartilage of the right knee." Patient is currently working. MTUS Chronic Pain Medical Treatment Guidelines, pg 114-121, Criteria for the use of TENS states: "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. For the conditions described below." The guideline states the conditions that TENS can be used for are: Neuropathic pain, Phantom limb pain and CRPS II, Spasticity, and Multiple sclerosis (MS). In this case the patient is not reported to have neuropathic pain Phantom limb pain and CRPS II, Spasticity, or Multiple sclerosis (MS). The patient is not reported to have a condition that is treatable with TENS under the MTUS criteria. MTUS Chronic Pain Medical Treatment Guidelines, pg 114-121 states Neuromuscular electrical stimulation (NMES devices) are Not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There is no description of the neurostimulator portion of the TENS/EMS unit. But MTUS does not recommend NMES and MTUS does not recommend treatment of chondromalacia with TENS. Therefore, the request for a "one month home trial of neurostimulator TENS/EMS for the right knee", IS NOT medically necessary.