MAXIMUS Federal Services

| Case Number: | CM15-0047570 | | |
|---|---|---|---|
| Date Assigned: | 03/19/2015 | Date of Injury: | 09/25/2012 |
| Decision Date: | 04/24/2015 | UR Denial Date: | 03/05/2015 |
| Priority: | Standard | Application Received: | 03/12/2015 |

## 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: Arizona, California
Certification(s)/Specialty: Family Practice

## 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 64 year old female, who sustained an industrial injury on September 25, 2012. She reported right knee pain. The injured worker was diagnosed as having status post right total knee replacement, left patellar fracture and status post left foot drop. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the right knee, steroid injections, physical therapy, orthotics, crutches, a home exercise program, medications and work restrictions. Currently, the injured worker complains of persistent right knee pain. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. She was noted to use a four point cane to ambulate and was noted to have an antalgic gait. Evaluation on March 2, 2015, revealed continued right knee pain. Medications were continued and a TENS unit was recommended.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**1 month trial of transcutaneous electrical nerve stimulation (TENS) unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 111-113.

**Decision rationale:** According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. There is lack of evidence to support its use for knee pain. The request for a TENS unit is not medically necessary.