

<b>Case Number:</b>	CM15-0047694		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	06/27/2011
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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: North Carolina, Georgia  
 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 62 year old male, who sustained an industrial injury on 06/27/2011. He reported injury to the left knee. The injured worker was diagnosed as having left knee degenerative osteoarthritis; left knee joint replacement; and abnormal gait. Treatment to date has included medication, diagnostic testing, physical therapy, home exercise program, and surgical intervention. A progress report from the treating provider, dated 02/25/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of left knee pain; and notes that physical therapy has really helped and using the TENS unit while at therapy seemed to help. Objective findings included no tenderness to palpation of the left knee; minimal edema; and no effusion. The treatment plan includes the request for home TENS unit for the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home TENS Unit (purchase/rental - unspecified) for the Left Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 116.

**Decision rationale:** CA MTUS states that TENS units are not first line therapy but may be considered if those treatments have failed. Indications for use include: Chronic intractable pain with documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, 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. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. In this case the medical record does not document any treatment plan of short or long term goals of use of a TENS unit. A TENS unit is not medically necessary.