

<b>Case Number:</b>	CM15-0053374		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	07/05/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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: Emergency Medicine

### 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 35 year old male sustained an industrial injury on 7/5/13. He subsequently reported left knee pain. Diagnoses include sleep disturbances, depression and left knee sprain. Diagnostic testing has included MRIs. Treatments to date have included modified work duties, physical therapy and prescription pain medications. The injured worker continues to experience difficulties from a left knee sprain. A request for TENS/EMS Unit with Supplies, one month home based trial of Neurostimulator was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS/EMS Unit with Supplies, one month home based trial of Neurostimulator:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114, 118.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic,(transcutaneous electrical nerve stimulation) Page(s): 114-116.

**Decision rationale:** The requested TENS/EMS Unit with Supplies, one month home based trial of Neurostimulator, is not medically necessary. Chronic Pain Medical Treatment Guidelines,

TENS, chronic, (transcutaneous electrical nerve stimulation), pages 114 - 116, note "Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration." The injured worker has left knee pain. The treating physician has not documented a current rehabilitation program, nor objective evidence of functional benefit from electrical stimulation under the supervision of a licensed physical therapist nor home use. The criteria noted above not having been met, TENS/EMS Unit with Supplies, one month home based trial of Neurostimulator is not medically necessary.