

<b>Case Number:</b>	CM15-0059935		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	01/13/2012
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 56 year old female, who sustained an industrial injury on 1/13/2012. The mechanism of injury was not provided for review. The injured worker was diagnosed as having left ankle sprain and derangement of left knee medial meniscus. There is no record of a recent diagnostic study. Treatment to date has included home exercises, TENS (transcutaneous electrical nerve stimulation) and medication management. In a progress note dated 2/26/2015, the injured worker complains of chronic left ankle and left knee pain and right lower extremity pain due to over compensation. The treating physician is requesting 2 TENS (transcutaneous electrical nerve stimulation) electrodes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transcutaneous electrical nerve stimulation (TENS) Electrodes, dispensed on 02/26/2015, quantity: 2:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 113-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation), p114 Page(s): 114.

**Decision rationale:** The claimant is more than three years status post work-related injury and continues to be treated for chronic left lower extremity pain. The claimant currently uses TENS and being requested is replacement electrodes. TENS is thought to disrupt the pain cycle by delivering a different, non-painful sensation to the skin around the pain site. It is a noninvasive, cost effective, self-directed modality. Indications include pain, inflammation, and muscle spasm and, if effective, can be performed independently by the patient. Basic TENS units are available for home use and supplies such as electrodes can be reused many times. There are many factors that can influence how long they last such as how often and for how long they are used. Properly cared for these electrodes should one month at a minimum. In this case, the claimant has used TENS with benefit and the electrodes are being replaced monthly. The electrodes were therefore medically necessary.