

<b>Case Number:</b>	CM15-0068559		
<b>Date Assigned:</b>	04/20/2015	<b>Date of Injury:</b>	10/20/2008
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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, Arizona

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 67 year old female, who sustained an industrial injury on 10/20/2008. She reported falling onto her buttocks when the chair she was sitting in broke sustaining injury to the back and knees in February of 2008 with re-injury occurring October 20, 2008 from a second fall that occurred when a wheelchair wheel struck her. Diagnoses include bilateral internal derangement of the knees, lumbar sprain/strain and lumbar discogenic pain. Treatments to date include activity modification, medication therapy, physical therapy, acupuncture treatments, home exercise and therapeutic steroid joint injection and Supartz injections. Currently, she complained of recurrent right knee pain. On 10/13/14, the physical examination documented bilateral knee with mild tenderness and mild tracking pain. The plan of care included continuation of home exercise, therapeutic injections, and medication therapy. She carries diagnoses of morbid obesity, lumbar degenerative disc disease, degenerative arthritis both knees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro (DOS 9/01/11): Electrodes QTY 52; Replacement Batteries QTY 14; Lead Wires QTY 2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-117.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Electrical Stimulator Page(s): 113-116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Electrical Stimulation Section.

**Decision rationale:** The CA MTUS and ODG guidelines recommend that electrical stimulation devices can be utilized for the treatment of chronic musculoskeletal pain. The utilization of electrical stimulation can lead to reduction in pain, decrease in medication utilization and functional restoration. Electrical stimulation can be incorporated into formal physical therapy or home exercises programs. There is no mention that a TENS unit has been used to treat the workers pain complaints, or that it was effective in restoring function, reducing pain, and enhancing quality of life. As such the request is not medically necessary at this time.

**Retro (DOS 03/01/11): Electrodes QTY 52; Replacement Batteries QTY 14; Lead Wires QTY 2: Upheld**

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**Retro (DOS 1/03/12): Electrodes QTY 52; Replacement Batteries QTY 14; Lead Wires QTY 2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-117.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Electrical stimulator Page(s): 113-116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Electrical Stimulation Section.

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**Retro (DOS 7/02/12): Electrodes QTY 52; Replacement Batteries QTY 14; Lead Wires QTY 2: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Electrical stimulator Page(s): 113-116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Electrical Stimulation Section.

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**Retro (DOS 9/04/12): Electrodes QTY 50; Replacement Batteries QTY 12; Lead Wires QTY 2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-117.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Electrical stimulator Page(s): 113-116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Electrical Stimulation Section.

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