

<b>Case Number:</b>	CM15-0082107		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	11/20/1996
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2015

### 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: 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 58 year old female, who sustained an industrial injury on November 20, 1996. She reported bilateral knee pain. The injured worker was diagnosed as having bilateral knee joint pain and status post right knee surgeries. Treatment to date has included diagnostic studies, surgical intervention of the knee, medications, physical therapy and work restrictions. Currently, the injured worker complains of continued bilateral knee pain, feeling better with physical therapy. The injured worker reported an industrial injury in 1996, resulting in the above noted pain. She was treated conservatively and surgically for the industrial injury. It was noted physical therapy was delayed secondary to an abdominal wound after a non-industrial colon surgery. She reported improved knee pain following surgery and physical therapy. She noted no longer requiring pain medications. Evaluation on February 5, 2015, revealed a continued improvement in knee pain. She reported some right knee pain when getting up and down. A TENS unit and supplies were requested for bilateral knees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit, bilateral knees, Qty 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-115.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS for chronic pain, pages 114-117.

**Decision rationale:** Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has received extensive conservative medical treatment to include medication, extensive physical therapy, activity modifications, yet the patient has remained symptomatic and functionally impaired. There is no documentation on how or what TENS unit is requested, whether this is for rental or purchase, nor is there any documented short-term or long-term goals of treatment with the TENS unit. There is no evidence for change in functional status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the treatment already rendered. The TENS unit, bilateral knees, Qty 1 is not medically necessary and appropriate.