

<b>Case Number:</b>	CM14-0121541		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	03/04/2014
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 underlying date of injury in this case is 03/04/2014. The date of the utilization review under appeal is 07/23/2014. On 06/26/2014, the patient was seen in orthopedic follow-up with a history of a probable right patellar fracture as well as a closed head injury and internal derangement of the right knee with probable medial and lateral meniscal tears. The treating physician recommended treatment to include additional physical therapy as well as a neurology evaluation for a closed head injury. The treating physician also requested a TENS unit which the patient reportedly had used in the past and had found to be beneficial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transcutaneous electrical nerve stimulation unit (TENS):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS for chronic pain Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114.

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on TENS, page 114, recommends TENS primarily for neuropathic pain indications. This guideline also recommends TENS as part of an overall functional

restoration program and recommends an initial one-month home trial before purchasing a TENS unit. The medical records in this case do not document a prior one-month home TENS trial before the current request for purchase. Additionally, it is not clear what specific functional benefits were achieved through past use of TENS or the setting or duration in which this was tried previously. For these reasons, the current request for purchase of a TENS unit is not supported by the treatment guidelines. This request is not medically necessary.