

<b>Case Number:</b>	CM14-0126919		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	12/23/2010
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 Orthopedic Surgery and is licensed to practice in New York. 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 patient is a 59-year-old female with a date of injury of December 23, 2010. The patient has knee pain. MRI of the left knee from 2003 shows complex tear the posterior horn and medial meniscus. The patient underwent left knee arthroscopy with partial meniscectomy 2003. The patient continued to have knee pain. The patient underwent left knee arthroscopy again in 2009. She continues to have knee pain. Left knee x-ray showed spurring of the tibial spine with well-preserved joint spaces. MRI of the right knee showed a partial tear of the medial meniscus. Patient underwent right knee abrasion chondroplasty and synovectomy with medial meniscectomy in 2014. Patient still has bilateral knee pain. She's had Visco supplementation injections for degenerative joint condition. At issue is whether TENS unit is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit x 1, 1 month purchase of electrodes and 2 month purchase of batteries:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Orthopedic knowledge update, knee chapter, American Academy of orthopedic surgeons Rosemont Illinois 2010 MTUS knee pain chapter, ODG knee pain chapter>

**Decision rationale:** The literature does not support the use of a TENS unit 2 weeks after the surgery. There is no established literature that clearly supports use of a TENS unit improving outcomes if the knee surgery. This patient is already 2 weeks after knee surgery. The patient's had multiple knee surgeries. It is unlikely that a TENS unit will improve this patient's outcome. The use of a TENS unit at the knee surgery made controversial and not well supported in the literature.

**Donjoy iceman clearcube x1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute on-line, Official Disability Guidelines; duration guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS knee pain chapter, ODG knee pain chapter>

**Decision rationale:** Guidelines do not support the use of cold therapy unit 2 weeks after knee surgery. This patient is early 2 weeks after knee surgery in the literature does not support the use of cold therapy 2 weeks after the surgery. Cold therapy is not likely to improve this patient's outcome and not supported in the existing literature.