

<b>Case Number:</b>	CM14-0143867		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	12/19/2013
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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 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 patient is a 52-year-old male who has submitted a claim for sprain of the cruciate ligament in the knee, associated with an industrial injury date of December 19, 2013. Medical records from 2014 were reviewed, which showed that the patient complained of bilateral knee and right foot pain. Examination revealed that the patient was placed in a hinged knee brace, and had an intact neurovascular status. Treatment to date has included surgery and medications. The Utilization review from August 5, 2014 denied the request for transcutaneous electrical stimulation unit because the patient did not appear to have neuropathic pain, nor was he enrolled in a functional restoration program. The request for Meds-4-INF with garment (qty: 1) was also denied because the records do not reveal that the patient has been unresponsive to conservative measures, including medications; there are no reported medication side effects, history of substance abuse, or significant pain from postoperative conditions that would limit exercise or physical therapy; and he is not in a rehabilitation program following stroke.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transcutaneous Electrical Stimulation Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic Pain (Transcutaneous Electrical Nerve Stimulation).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation Page(s): 114-116.

**Decision rationale:** As stated on page 114-116 of the California MTUS Chronic Pain Medical Treatment guidelines, TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. Criteria for the use of TENS unit include chronic intractable pain - pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. In this case, the patient had chronic knee pain of at least three months duration. However, there was no evidence that other appropriate pain modalities, such as acupuncture, physical therapy and medications have been tried and failed. The treatment goals, both short-term and long-term, with respect to the TENS, were not identified. Furthermore, it is unclear why the TENS unit is to be purchased instead of rented. The patient will still need a one-month trial; this can be done with just a unit rental. The criteria for TENS were not satisfied. Therefore, the request for Transcutaneous Electrical Stimulation Unit is not medically necessary.

**Meds-4-INF with garment, QTY: 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Interferential Current Stimulation (ICS) Page(s): 118-120.

**Decision rationale:** Page 118-120 of CA MTUS Chronic Pain Medical Treatment Guidelines state that a one-month trial of the IF unit may be appropriate when pain is ineffectively controlled due to diminished effectiveness of medications, when pain is ineffectively controlled with medications due to side effects, in patients with a history of substance abuse, in the presence of significant pain from postoperative conditions limiting the ability to perform exercise programs/physical therapy treatment, or if the condition is unresponsive to conservative measures. In this case, there is no documentation regarding failure of pain medications or inability to perform physical therapy. There was no documented history of substance abuse or a postoperative status with significant pain or unresponsiveness to conservative measures. There is also no documentation of a prior one-month trial of use of interferential unit to support its purchase. The submitted medical records are insufficient. Moreover, the request did not specify if it was for a purchase or rental. Therefore, the request for "Meds-4-INF with garment, QTY: 1" is not medically necessary.