

<b>Case Number:</b>	CM14-0159749		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	05/06/2014
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Internal Medicine 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 injured worker (IW) is a 61-year-old man with a date of injury of May 6, 2014. The IW was trying to get a stuck pallet jack out of a pallet using the left foot to get the pallet from slipping. The IW felt an immediate pop and pain over the left knee. Magnetic resonance imaging (MRI) of the left knee dated June 2014 revealed a bucket tear of the meniscus and a torn tendon. The IW underwent left knee arthroscopic surgery on July 17, 2014. He has had approximately 15 physical therapy sessions since surgery. Pursuant to the Primary Treating Physician's Initial Evaluation dated September 2, 2014, the IW complains of constant moderate pain in the left knee, referring down the knee into the upper-lower leg region. The IW was a smoker. On examination, there was tenderness to palpation on the subpatella, medial and lateral joint line over the upper peroneal muscle. There was mild effusion over the entire knee region. There was a positive Apley's Compression and Anterior and Posterior Drawer's test on the left. There was pain in all planes. The left knee range of motion in flexion was 100 degrees and extension was 0 degrees. The deep tendon reflexes at the patellar and Achilles were 2+ and symmetrical bilaterally. Sensation to pin prick and light touch were equal and unremarkable bilaterally. The IW was diagnosed with left knee sprain/strain, rule out derangement and myofascitis. Provider recommendations include: TENS unit for home use, pain management for evaluation and medications, begin shock wave therapy and home stretching exercise program. Re-evaluation in approximately 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Unit for home use, 3 month rental.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, (updated 08/25/2014), Transcutaneous electrical nerve stimulation (TENS)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Criteria for Use Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); TENS Unit Criteria for Use

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TENS unit for home use, three-month rental is not medically necessary. The guidelines enumerated criteria for the use of TENS. They include, but are not limited to, evidence that other appropriate pain modalities have been tried (including medication) and failed and a one month trial period of tens unit should be documented (as an adjunct to ongoing treatment modalities with a functional restoration approach. Additional criteria are set forth in the guidelines. In this case, the treating physician requested a six month rental. The guidelines state a one-month trial should be requested and subsequently documented. There was no one-month trial ordered and consequently, the TENS unit is not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, the TENS unit six month rental is not medically necessary.