

<b>Case Number:</b>	CM14-0165360		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	03/31/2012
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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:

This 37 year-old patient sustained an injury on 3/31/12 from squatting to fill bread on a rack while employed by [REDACTED]. Request under consideration include TENS Unit Two Lead purchase for left knee. Diagnoses include post-traumatic arthrosis of left knee with neuroma of lateral cutaneous nerve s/p arthroscopy with lateral meniscectomy on 9/7/12. There is past history of basketball injury with right knee arthroscopy at age 15. Report of 9/4/14 from the provider noted the patient with ongoing chronic knee symptoms of pain, clicking, popping, and swelling with feeling of giving way on left knee. Exam showed left knee with mild tenderness to palpation over anterolateral knee; range of 0-120 degrees with positive McMurray's, negative for instability, negative Apley's and drawer test; with 5/5 motor strength, deep tendon reflexes (DTRs) 2+, and intact sensation in bilateral lower extremities. X-rays showed slight flattening of lateral tibial plateau with slight loss of joint space. The request for TENS Unit Two Lead purchase for left knee was non-certified on 9/30/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Unit for left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 114-116, 74-75, and 86-87.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS for chronic pain Page(s): 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 transcutaneous electrical nerve stimulation (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 chronic opiate analgesics and other medication, physical therapy, activity modifications/rest, yet the patient has remained symptomatic and functionally impaired. There is no documentation on how or what TENS unit is requested, functional improvement from trial treatment, nor is there any documented short-term or long-term goals of treatment with the TENS unit. There is no evidence for change in work status, increased in activities of daily living (ADLs), decreased visual analog scale (VAS) score, medication usage, or treatment utilization from any TENS treatment already rendered for purchase. The TENS unit purchase is not medically necessary and appropriate.