

<b>Case Number:</b>	CM14-0181358		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	07/10/2011
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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 Occupational 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 patient is a 47-year-old female who has submitted a claim for derangement of meniscus associated with an industrial injury date of October 7, 2011. Medical records from 2014 were reviewed, which showed that the patient complained of left knee pain. Examination of the left knee revealed full range of motion, tenderness to the medial joint line and absence of gross ligamentous instability. Treatment to date has included medications, surgery, physical therapy, acupuncture, chiropractic treatments and TENS. Progress notes dating as far back as May 2014 indicated the use of TENS. However, there was no recent and adequate documentation of its outcome in terms of pain reduction and improvement of ADLs. The utilization review from October 22, 2014 denied the request for DME - TENS unit because the records do not reveal a successful one-month home-based trial using the unit including documentation of how often the unit was used as well as outcomes in terms of pain relief and function.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME - TENS Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg

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

**Decision rationale:** Page 114 of the CA MTUS Chronic Pain Medical Treatment Guidelines state 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 persistent chronic pain in the left knee area despite use of multiple modalities of pain management including medications, physical therapy, chiropractic treatment and acupuncture. TENS had been used since at least May 2014. However, there was no documentation of its outcome in terms of pain relief and improvement of activities of daily living. Also, there was no treatment plan that includes specific short- and long-term goals of treatment with the TENS unit provided. There is insufficient information to determine whether the patient will benefit from further TENS therapy. Finally, the current request did not specify whether the device is for purchase or for rental. Therefore, the request for DME - TENS unit is not medically necessary.