

<b>Case Number:</b>	CM14-0216660		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	06/17/2009
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 is a 65-year-old female who sustained an industrial injury on 6/17/09, relative to a slip and fall. She sustained a displaced left patellar fracture. Past surgical history was positive for fracture of the left patella with open reduction and internal fixation on 6/17/09, left knee hardware removal on 10/17/09, and left knee total arthroplasty on 8/24/13. She was also diagnosed with right shoulder tendinitis, impingement, and rotator cuff tear, lateral epicondylitis of the right elbow, right hand tendinitis and carpal tunnel syndrome, herniated lumbar disc with radiculopathy, and anxiety and depression. The 6/6/14 treating physician report cited complaints of left knee pain, aggravated by repetitive kneeling, squatting, and lifting. Physical exam of the left knee documented range of motion -5 to 120 degrees with well-healed incision. The treatment plan recommended physical therapy 1x6, and prescribed Norco and Prilosec. The use of transcutaneous electrical nerve stimulation (TENS) was not described. The 12/4/14 utilization review non-certified the retrospective requests for a TENS unit (date of service 11/3/14), and neuromuscular stimulator (dates of service 8/5/14 and 9/5/14), and associated supplies. The rationale noted no documentation regarding the type and extent of treatment, no report regarding functional benefit from a TENS unit trial, and no evidence of upper motor neuron disease to support the neuromuscular stimulator. The 2/11/15 treating physician report indicated that the injured worker had been declared permanent and stationary on 7/25/14. No additional documentation relative to transcutaneous electrotherapies was provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for TENS unit (with electrical stimulator supplies and lead wires)**

**DOS: 11/3/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

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

**Decision rationale:** The California MTUS guidelines state that transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS unit trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration for certain conditions. Criteria for the use of TENS include chronic intractable pain of at least 3 months duration, with evidence that other appropriate pain modalities have been tried (including medications) and failed. Documentation of the one-month trial period of the TENS unit should include how often the unit was used, outcomes in terms of pain relief and function, and medication usage. Guideline criteria have not been met. There is no documentation that this injured worker has chronic intractable pain and that other appropriate pain modalities, including medications, have been tried and have failed. There is no evidence of a clinical or home based trial of a TENS unit. There is no specific documentation relative to a TENS unit trial in terms of how often the unit was used, and outcomes in terms of pain relief and function, and medication usage to support the medical necessity of a TENS unit purchase. Therefore, this request is not medically necessary.

**Retrospective request for neuromuscular stimulator DOS: 9/5/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

**Decision rationale:** The California MTUS guidelines for transcutaneous electrotherapy do not recommend the use of neuromuscular electrical stimulation (NMES). NMES is primarily used as part of a rehabilitation program following stroke. There is no evidence to support its use in chronic pain. There is no compelling reason to support an exception to guidelines for the use of a neuromuscular stimulation unit for this injured worker. Therefore, this request is not medically necessary.

**Retrospective request for neuromuscular stimulator DOS: 8/5/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

**Decision rationale:** The California MTUS guidelines for transcutaneous electrotherapy do not recommend the use of neuromuscular electrical stimulation (NMES). NMES is primarily used as part of a rehabilitation program following stroke. There is no evidence to support its use in chronic pain. There is no compelling reason to support an exception to guidelines for the use of a neuromuscular stimulation unit for this injured worker. Therefore, this request is not medically necessary.