

<b>Case Number:</b>	CM15-0014627		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	10/23/2012
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 28 year old, female patient who sustained an industrial injury on 10/23/2012. An orthopedic office visit dated 11/18/2014 reported subjective complaint of pain left knee; stiffness left knee; decreased motion left knee; locking in the left knee; instability of the left knee; difficulty bearing weight; burning sensation to the back; continued moderate intermittent stinging pain to the right wrist which worsens with prolonged exertion and is associated with tingling, shooting pains. Physical examination found the lumbar region with moderate tenderness to bilateral flank and over spinal column; surrounding tissue with spasm. Her forward flexion showed 30 degrees from floor. Her extension showed 10 degrees, lateral bending showed 15 degrees and axial rotation also with 10 degrees. The cervical spine noted with spasm, mild tenderness of the cervical paraspinal muscles. The pump handle test is found positive. The following diagnoses are applied; ACL tear; loose body knee; sprain carpal; ulnar nerve injury; contusion wrist; disc disorder and lumbar sprain. A request was made for a transcutaneous electric nerve stimulation unit purchase. On 01/15/2015, Utilization Review non-certified the request, noting the CA MTUS Forearm, wrist Hand Complaints, Low back Complaints and Chronic Pain Medical Treatment Guidelines were cited. On, 01/21/2015, the injured worker submitted an application for independent review of the requested services.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **1 Transcutaneous Electrical Nerve Stimulation Unit purchase: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 9792.26 MTUS (Effective July 18,).

**Decision rationale:** Regarding the request for TENS, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) is 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. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach, with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Within the documentation available for review, there is no indication that the patient has undergone a TENS unit trial, and no documentation of any specific objective functional deficits which a tens unit trial would be intended to address. Additionally, it is unclear what other treatment modalities are currently being used within a functional restoration approach. In the absence of clarity regarding those issues, the currently requested TENS unit is not medically necessary.