

<b>Case Number:</b>	CM15-0014865		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	08/03/2005
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	12/30/2014
<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: Arizona, Texas

Certification(s)/Specialty: Internal Medicine

### 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 57-year-old male, with a reported date of injury of 08/03/2005. The diagnoses include chronic left knee pain, chronic right knee pain, osteoarthritis of the knee, status post total left knee replacement, status post right knee surgery, right shoulder pain, neck and right upper extremity pain, status bilateral carpal tunnel release and right ulnar nerve release, and chronic low back pain. Treatments to date have included a total knee replacement, physical therapy, Percocet, Celebrex, Cymbalta, Neurontin, Lidoderm patch, a transcutaneous electrical nerve stimulation (TENS) unit, electromyography (EMG) of the right upper extremity, x-ray of the knees, an MRI of the lumbar spine, and an MRI of the right knee. The progress report dated 12/09/2014 indicates that the injured worker continued to have on-going bilateral knee pain and low back pain. He reported that his pain medication would bring his pain from 8 out of 10 down to 4 out of 10, and allowed him to be somewhat functional. The objective findings include left knee range of motion from 3 to 100, no swelling, and use of a cane. No other objective findings were included. The treating physician requested two sets of TENS unit pads, four pads each.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One TENS unit pads #2 sets of 4:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 114-116.

**Decision rationale:** According to the MTUS, the use of a 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, for the conditions described below. These conditions include neuropathic pain, Phantom limb pain and CRPSII, spasticity, and multiple sclerosis. In this case, the patient is not enrolled in an evidence-based functional restoration program and does not have an accepted diagnosis per the MTUS. The documentation does not support that the use of a TENS unit has resulted in functional improvement. Therefore, the additional use of TENS unit pads #2 is not medically necessary.