

<b>Case Number:</b>	CM15-0117012		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	04/11/2002
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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, Indiana, New York  
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:

This 70 year old man sustained an industrial injury on 4/11/2002. The mechanism of injury is not detailed. Diagnoses include bilateral knee pain, bilateral knee contusion with degeneration, severe bilateral knee medical compartment osteoarthritis, mechanical discogenic lumbar pain, bilateral wrist pain, bilateral carpal tunnel syndrome, and right wrist flexor carpi radialis tendonitis. Treatment has included oral medications. Physician notes on a PR-2 dated 5/13/2015 show complaints of bilateral knee pain, that is described as improved, and low back pain with radiation to the bilateral lower extremities and numbness and tingling of bilateral hands. Recommendations include multi stimulation unit and supplies for home use for three months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Multi stim unit plus supplies for 3 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Tens unit, NMES.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, multi-stimulator unit plus supplies for three months is not medically necessary. Neuromuscular electrical stimulation (NMES devices) are not recommended. NMES is primarily used as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. See the guidelines for additional details. In this case, the injured worker's working diagnoses are bilateral knee pain; bilateral knee contusion with degenerative MMT; bilateral knee severe medial compartment osteoarthritis with history arthroscopy; L/S mechanical discogenic low back pain, status post epidural 2010 (failed); bilateral wrist pain; bilateral wrists carpal tunnel syndrome; and right wrist flexor carpi radialis tendinitis. Subjectively, according to a May 13, 2015 progress note (request for authorization May 18, 2015), the injured worker complains significant improvement in bilateral knee pain. There is pain in the low back that radiates the left and right lower back were the rare episodes radiating into the lower extremities. Objectively, there patella-femoral crepitus bilaterally and tenderness to palpation over the medial joint line bilaterally. The documentation does not contain a clinical rationale for the multi-stimulator unit. The documentation does not indicate the regional body part to apply the multi-stimulator unit (knee versus back). Neuromuscular electrical stimulation (NMES devices) are not recommended. NMES is primarily used as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There is no evidence of stroke in the medical record. Additionally, there is no documentation of a one-month clinical trial for TENS application. Consequently, absent clinical documentation with a clinical indication and rationale for a multi-stimulator unit (NMES or TENS), regional body parts to be treated and a one month clinical trial (for TENS), multi-stimulator unit plus supplies for three months is not medically necessary.