

<b>Case Number:</b>	CM15-0121003		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	12/05/2014
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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, Oregon  
 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 39 year old female who sustained an industrial injury on 12/05/2014. Mechanism of injury was she slipped and twisted her right knee. Diagnoses include internal derangement of the right knee and right knee lateral meniscus tear, and lateral ligamentous injury to the right ankle. Treatment to date has included diagnostic studies, and medications. On 12/24/2014 a Magnetic Resonance Imaging of the right lower extremity showed discoid lateral meniscus with longitudinal vertical tear at the periphery of the body, torn posterosuperior and postero- inferior popliteomeniscal fascicles, and 5-6mm anterior meniscal shift. There is patellofemoral compartment chondral loss, Grade 2 at the patellar median ridge, and Grade 3 of the central trochlea, and a small joint effusion. On 03/25/2015 an unofficial report of a right ankle Magnetic Resonance Imaging documents no acute osseous injury or early arthritic changes. No acute ligamentous injury. There is scarring on the central cord of the plantar fascia proximally without evidence of acute plantar fasciitis. Current medications include Tramadol and Ibuprofen. A physician progress note dated 04/20/2015 documents the injured worker has right knee pain with cracking and giving out. There is also right ankle swelling and pain when pressure is applied. She is using crutches. The right knee is tender laterally. Right knee extension is 160 degrees and flexion is 80 degrees. There is positive McMurray's maneuver laterally in the right knee and moderate joint effusion is present. The treatment plan included right knee arthroscopy, cold therapy x 7 days, and preoperative X rays and laboratory studies. She is to continue her medications Tramadol and Ibuprofen. Treatment requested is for a TENS unit x 30 days.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit x 30 days:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113-114.

**Decision rationale:** According to the California MTUS Chronic Pain Medical Treatment Guideline regarding TENS, pages 113-114, chronic pain (transcutaneous electrical nerve stimulation), 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 neuropathic pain and CRPS II and for CRPS I (with basically no literature to support use). Criteria for the use of TENS: Chronic intractable pain (for the conditions noted above): Documentation of pain of at least three months duration. There is evidence that other appropriate pain modalities have been tried (including medication) and failed. A one-month trial period of the TENS unit 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; rental would be preferred over purchase during this trial. In this case there is insufficient evidence of chronic neuropathic pain to warrant a TENS unit. Based on this, the request is not medically necessary.