

<b>Case Number:</b>	CM15-0175967		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	12/02/2004
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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

### 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 66 year old female, who sustained an industrial injury on 12-2-2004. She reported a twisting type injury to the left knee. Diagnoses include status post three left knee surgeries, failed left total knee replacement and mid-flexion varus valgus instability, left knee. Treatments to date include activity modification, four wheeled walker, medication therapy, physical therapy, and TENS unit. Currently, she complained of a home TENS unit malfunctioning used for chronic left knee pain. On 7-24-15, the physical examination documented pain over the anterior aspect of the left knee, decreased range of motion, and an antalgic gait favoring the left leg. The plan of care included a revision for left knee replacement, Ultram, and a request to replace the TENS unit to treat chronic left knee pain. The appeal requested authorization for a TENS unit. The Utilization Review dated 8-11-15, denied the request stating "the documentation did not support the medical necessity to continue with using TENS." per the California MTUS Chronic Pain Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** The patient presents with left knee pain. The request is for TENS unit. The request for authorization is dated 08/04/15. Physical examination of the left knee reveals tenderness to palpation in the anterior aspect of the knee. Her range of motion is from 5-95 degrees, and knee is stable, grossly normal neurologic and vascular exam. She uses a TENS unit mostly every day, some days more than others. She states without the TENS unit, her pain level requires her to take more Ultram. She takes 1 to 2 per day with the TENS unit and 2 to 4 a day without the TENS unit. Without the TENS unit, she is unable to effectively do activities of daily living. It is noted that the TENS unit was prescribed many years ago and was working until recently it just stopped working. It is noted that she has had extensive physical therapy. This is not used as a primary treatment but is an adjunct. The TENS unit allows her to increase her function and decrease her reliance on analgesics. Per progress report dated 09/04/15, the patient is retired. MTUS, TENS, chronic pain (transcutaneous electrical nerve stimulation) Section, pages 114-121 states: "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. For the conditions described below." The guideline states the conditions that TENS can be used for are: Neuropathic pain, Phantom limb pain and CRPS II, Spasticity, and Multiple sclerosis (MS). Per progress report dated 09/04/15, treater's reason for the request is "This is supported by her clinical course and to be of medical necessity." Guidelines require documentation of use of TENS, as an adjunct to other treatment modalities, within a functional restoration approach. In this case, continues with neuropathic left knee pain and treater has discussed and documented how often the unit is being used and efficacy of the TENS unit as required by MTUS. The request appears reasonable. Therefore, the request is medically necessary.