

<b>Case Number:</b>	CM15-0074870		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	06/21/2003
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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: Preventive Medicine, Occupational 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 77 year old female, who sustained an industrial injury on June 21, 2003. Treatment to date has included physical therapy, medications, and bilateral knee surgery and status post left knee replacement surgery. An evaluation on February 19, 2015 revealed the injured worker complained of right knee pain and she rated her pain a 7-8 on a 10-point scale. The evaluating physician noted that there were no changes in objective findings from her previous evaluation and that she had stopped physical therapy. The diagnoses associated with the request include right knee pain and status post right knee surgery. The treatment plan includes continuation of medications and TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One month supplies for TENS/EMS unit for the low back and left knee:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**Decision rationale:** The MTUS does not recommend a TENS unit 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. There is documentation that the patient meets the criteria necessary for a one-month trial of a TENS unit. I am reversing the previous utilization review decision. One month supplies for TENS/EMS unit for the low back and left knee is medically necessary.