

Case Number:	CM13-0015765		
Date Assigned:	10/10/2013	Date of Injury:	05/29/2012
Decision Date:	01/23/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	08/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Shoulder and Elbow Surgery and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 53-year-old male who reported an injury on 05/29/2012. The patient is currently diagnosed with status post right knee arthroscopy, lumbar spine disc degenerative disease with left lower extremity radiculitis and neural foraminal narrowing. The patient was recently seen by [REDACTED] on 09/23/2013. The patient reported ongoing left knee pain. Physical examination revealed tenderness to palpation, positive McMurray's testing, and positive crepitus.

IMR ISSUES, DECISIONS AND RATIONALES

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

OrthoStim 4 unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

Decision rationale: The OrthoStim 4 unit combines 4 different types of stimulation, including high volt pulsed current stimulation, neuromuscular electrical stimulation, interferential and pulsed direct current stimulation. California Chronic Pain Medical Treatment Guidelines state while interferential current stimulation is not recommended as an isolated intervention, patient selection criteria is to be used. Neuromuscular electrical stimulation is not recommended without

documentation that pain is ineffectively controlled due to diminished effectiveness of medications, side-effects of medications, history of substance abuse or unresponsiveness to conservative measures. As per the clinical notes submitted, the patient's latest physical examination only revealed tenderness to palpation, crepitus, and positive McMurray's testing. Documentation of a treatment plan with specific short-term and long-term goals of treatment with the OrthoStim unit was not provided. Given that the equipment requested is clearly not supported by evidence-based guidelines, the current request cannot be determined as medically necessary and appropriate.