

Case Number:	CM13-0021382		
Date Assigned:	11/08/2013	Date of Injury:	07/15/2007
Decision Date:	01/13/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	09/09/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 59 year old female with a date of injury on 7/15/07. The progress report dated 8/29/13 by [REDACTED] noted that the patient is status post total left knee replacement on 8/5/13 with [REDACTED]. The patient was currently attending physical therapy sessions which seemed to cause a flare of pain. The patient reported using the X4 stimulator, which had helped with some swelling and is also reducing some of the pain in her left knee. The patient's diagnoses include chronic lumbar strain/sprain; status post left total knee arthroplasty on 8/5/13. A X4 stimulator was requested specifically for providing a reduction in pain and swelling, which was demonstrated by its use.

IMR ISSUES, DECISIONS AND RATIONALES

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

The X4 stimulator: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS therapy Page(s): 116.

Decision rationale: The requested X4 stimulator appears to be a combination unit that has a TENS function and a neuromuscular electrical stimulation (NMES) function. It appears that the patient has noted some benefit from the stimulator treatment, however NMES devices are not recommended by Final Determination Letter for IMR Case Number CM13-0021382 3 MTUS. It is unclear from the records if the patient had failed a trial of TENS unit therapy prior to a NMES device. The request for an X4 stimulator device is not medically necessary and appropriate.