

<b>Case Number:</b>	CM13-0027628		
<b>Date Assigned:</b>	03/14/2014	<b>Date of Injury:</b>	09/26/1996
<b>Decision Date:</b>	04/15/2014	<b>UR Denial Date:</b>	09/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation 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 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/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:

This 50 year-old male sustained an injury on 9/26/96 while employed by the [REDACTED]. Request under consideration include a 30-DAY RENTAL OF X-FORCE STIMULATOR TENS AND SUPPLIES. Report of 7/9/13 from the provider noted patient with persistent right knee complaints rated at 7/10 with motion. The patient is scheduled for a certified right knee arthroscopy and chondroplasty on 8/15/13. It was noted the requested TENS unit is intended for use post-operatively to combat pain and swelling. Report of 5/17/13 from provider noted patient with right knee pain and discomfort rated at 8/10. Exam showed tenderness in the patella, medial joint line, and medial femoral condyle of right knee with positive McMurray's and pain with flexion/extension. Diagnoses included s/p insertion of spinal cord stimulator with multiple revisions; chronic sprain, thoracolumbar spine; mild right knee osteoarthritis and Osgoode-Schlatter's disease; internal derangement of right knee with possible meniscal tear. Plan noted patient had failed conservative modalities of treatment including physical therapy, cortisone injections, activity modification, and off work. The patient was evaluated by the agreed medical examiner who did not feel the patient was a surgical candidate; however, it was the provider's understanding that the AME has died and requested for the patient to be re-evaluated by another AME. The request for post-op X-force stimulator was noncertified on 9/1/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 DAY RENTAL OF X-FORCE STIMULATOR TENS AND SUPPLIES.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Section. Page(s): 115-118.

**Decision rationale:** This 50 year-old male sustained an injury on 9/26/96 while employed by the [REDACTED]. Request under consideration include a 30-day rental of x-force stimulator tens and supplies. Report of 7/9/13 from the provider noted patient with persistent right knee complaints rated at 7/10 with motion. The patient is scheduled for a certified right knee arthroscopy and chondroplasty on 8/15/13. It was noted the requested TENS unit is intended for use post-operatively to combat pain and swelling. MTUS guidelines recommend TENS as an option for acute post-operative pain and states TENS is most effective for mild to moderate thoracotomy pain; however, it has been shown to be off lesser effect or not at all effective for other orthopedic surgical procedures such as in this case, the right knee arthroscopy and chondroplasty treatment. Additionally, a form-fitting TENS device is only considered medically necessary with clear specific documentation for use of a large area that conventional system cannot accommodate or that the patient has specific medical conditions such as skin pathology that prevents use of of traditional system, that demonstrated in this situation. The 30-day rental of x-force stimulator tens and supplies is not medically necessary and appropriate.