MAXIMUS Federal Services

Case Number:	CM13-0039061		
Date Assigned:	12/18/2013	Date of Injury:	10/06/2011
Decision Date:	10/16/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/02/2013

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 Orthopaedic 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 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 38-year-old female shift supervisor sustained an industrial injury on 10/6/11. Injury occurred when she was carrying tote down an aisle and her knee gave out, went off to the side, and she felt a sharp pain. Aleft knee arthroscopy with subcutaneous lateral release, patelloplasty, partial synovectomy and partial medial meniscectomy was performed on 1/6/12. The patient underwent a repeat left knee arthroscopy with arthrotomy and modified focused osteotomy on 4/8/13. The 7/3/13 treating physician report cited grade 6/10 left knee pain and swelling. X-rays revealed excellent osteotomy alignment. The treatment plan included physical therapy, opioid pain medication, anti-inflammatory medication, and a muscle relaxant. A 7/25/13 prescription for an [redacted] stimulator was submitted with no additional clinical information. The 9/13/13 utilization review denied the request for a [redacted] electrical stimulation unit as there was no clinical information available to determine the medical necessity of this unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

[redacted] **ORTHO STIMULATION UNIT:** Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The [redacted] Ortho Stim unit is a powered muscle stimulator that provides a combination of interferential current, neuromuscular electrical stimulation (NMES), and galvanic current. The California MTUS guidelines for transcutaneous electrotherapy do not recommend the use of NMES for post-operative use. The MTUS guidelines consider galvanic stimulation investigational for all indications. Guidelines suggest that interferential current is not recommended as an isolated intervention, and indications include failure to respond to conservative measures, including medications. Guideline criteria have not been met. There is no clinical documentation in the available records suggesting that conservative measures, including medications, have failed. If one or more of the individual modalities provided by this multi-modality unit is not supported, then the unit as a whole is not supported. Guidelines clearly do not support the use of galvanic stimulation for any indication. Therefore, this request is not medically necessary.