

Case Number:	CM13-0042814		
Date Assigned:	12/27/2013	Date of Injury:	06/09/2011
Decision Date:	02/21/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/31/2013

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:

This is a 58 year-old male who was injured on 6/9/11 when he was pushing a laundry cart and fell in a hole. He has been diagnosed with right shoulder impingement with bursitis and partial rotator cuff tear; left shoulder rotator cuff tendinosis; AC arthrosis; right knee medial meniscal tear post surgical since July 2013, improving; right knee DJD, chondromalacia; left ankle degenerative impingement; bilateral elbow injury; bilateral CTS, s/p CTR. The IMR application shows a dispute with the 10/10/13 UR decision. The 10/10/13 UR letter is from [REDACTED] and recommends modification of the X-Force stimulator with supplies, to allow a one-month trial of TENS.

IMR ISSUES, DECISIONS AND RATIONALES

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

An X-force stimulator with supplies: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-115.

Decision rationale: The X-force stimulator was requested for the swelling in the knee, on the 9/6/13 medical report. There was no description of the X-force device other than it is "a type of TENS". The records show the patient underwent right knee arthroscopic meniscectomy, chondroplasty on 7/9/13. According to the vendor, the X-Force unit is a dual modality with TENS and TEJS (apparently a type of joint stimulation). The requesting physician has not provided a discussion for the rationale for TEJS or cited any evidence-based guidelines that the combination of TEJS with TENS is better than TENS alone. A reference to approve or deny TEJS could not be found. However, MTUS does discuss criteria for TENS. TENS is indicated for neuropathic pain; CRPS1, spasticity in spinal cord injury; and multiple sclerosis. The patient is not reported to have neuropathic pain, or any of the other indications above. MTUS also has recommendations for TENS for post-operative pain, but states it is an option for acute post-operative pain in the first 30-days post-surgery. The surgery was on 7/9/13, and the request was on 9/6/13, which is beyond the 30-day timeframe recommended by MTUS. The use of TENS is not in accordance with MTUS guidelines for chronic pain and not in accordance with MTUS guidelines for post operative pain.