

Case Number:	CM13-0047547		
Date Assigned:	12/27/2013	Date of Injury:	11/03/2012
Decision Date:	08/04/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/04/2013

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 Family Medicine 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 injured worker's date of injury is 11/03/2012. The patient had a L knee injury while working, specific details were not provided. Patient experienced L knee symptoms, which included persisting popping, swelling, and giving-way, according to a treating orthopedist. There is a hand written note dated 08/01/2013, however the legibility is only fair. On exam the patient walks using a cane and limps, shortened stride seen, there is moderate diffuse swelling, and grind test +. The patient had L knee surgery on 09/18/2013 which consisted of arthroscopic left medial and left lateral meniscectomy, synovectomy, and patellofemoral chondroplasty. This review is for a retrospective authorization of a Surgi Stim device and associated equipment.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR DOS: 9/18/13 AND 10/8/13: ONE SURGI STIM RENTAL: 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 TENS (Transcutaneous electrical nerve stimulation) post-op, page(s) 116 - 117 Page(s): 116-117.

Decision rationale: This patient underwent arthroscopic L knee surgery on 09/18/2013. The treating physician recommended a Transcutaneous Electrical Nerve Stimulation (TENS) unit for postoperative management of the patient, because it aided muscle re-education. TENS appears to be most beneficial for mild to moderate thoracotomy pain. The benefit for other types of surgical recovery is of less value. The treating physician did not adequately explain why this patient needed this post-op treatment. Based on the documentation, the Surgi Stim treatment is not medically necessary and appropriate.

RETROSPECTIVE REQUEST FOR DOS: 9/18/13: 2 LEAD WIRES PER PAIR: 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 TENS (Transcutaneous electrical nerve stimulation) post-op Page(s): 116-117.

Decision rationale: This patient underwent arthroscopic L knee surgery on 09/18/2013. The treating physician recommended a Transcutaneous Electrical Nerve Stimulation (TENS) unit for postoperative management of the patient, because it aided muscle re-education. TENS appears to be most beneficial for mild to moderate thoracotomy pain. The benefit for other types of surgical recovery is of less value. The treating physician did not adequately explain why this patient needed this post-op treatment. Based on the documentation, this item used with the Surgi Stim treatment is not medically necessary and appropriate.

RETROSPECTIVE REQUEST FOR DOS: 9/18/13: 12 BATTERY POWER PACKS:
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 TENS (Transcutaneous electrical nerve stimulation) post-op, page(s) 116 - 117 Page(s): 116-117.

Decision rationale: This patient underwent arthroscopic L knee surgery on 09/18/2013. The treating physician recommended a Transcutaneous Electrical Nerve Stimulation (TENS) unit for postoperative management of the patient, because it aided muscle re-education. TENS appears to be most beneficial for mild to moderate thoracotomy pain. The benefit for other types of surgical recovery is of less value. The treating physician did not adequately explain why this patient needed this post-op treatment. Based on the documentation, this item used with the Surgi Stim treatment is not medically necessary and appropriate.

RETROSPECTIVE REQUEST FOR DOS: 9/18/13: 8 ELECTRODES PER PAIR: 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 TENS (Transcutaneous electrical nerve stimulation) post-op, page(s) 116 - 117 Page(s): 116-117.

Decision rationale: This patient underwent arthroscopic L knee surgery on 09/18/2013. The treating physician recommended a Transcutaneous Electrical Nerve Stimulation (TENS) unit for postoperative management of the patient, because it aided muscle re-education. TENS appears to be most beneficial for mild to moderate thoracotomy pain. The benefit for other types of surgical recovery is of less value. The treating physician did not adequately explain why this patient needed this post-op treatment. Based on the documentation, this item used with the Surgi Stim treatment is not medically necessary and appropriate.

RETROSPECTIVE REQUEST FOR DOS: 9/18/13: 16 ADHESIVE REMOVER WIPES:
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 TENS (Transcutaneous electrical nerve stimulation) post-op, page(s) 116 - 117 Page(s): 116-117.

Decision rationale: This patient underwent arthroscopic L knee surgery on 09/18/2013. The treating physician recommended a Transcutaneous Electrical Nerve Stimulation (TENS) unit for postoperative management of the patient, because it aided muscle re-education. TENS appears to be most beneficial for mild to moderate thoracotomy pain. The benefit for other types of surgical recovery is of less value. The treating physician did not adequately explain why this patient needed this post-op treatment. Based on the documentation, this item used with the Surgi Stim treatment is not medically necessary and appropriate.