

Case Number:	CM13-0052573		
Date Assigned:	12/30/2013	Date of Injury:	09/07/2011
Decision Date:	03/12/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/15/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 30 year old male with 09/07/2011 date of injury from fall through roof. The patient is status post left knee arthroplasty. On exam the patient is complaining of pain 2-3/10. The notes provided are hard to read. It is noted on 06/03/2013 note within normal limits with activities of daily living. The patient has had physical therapy since surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three month rental of a SurgiStim 4 unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic Pain (transcutaneous electrical nerve stimulation) Page(s): 114.

Decision rationale: The request for three month rental of a SurgiStim 4 unit is non-certified. The patient is a 30 year old male with 09/07/2011 date of injury from fall through roof. The patient is status post left knee arthroplasty. On exam the patient is complaining of pain 2-3/10. The notes provided are hard to read. It is noted on 06/03/2013 note within normal limits with activities of daily living. The patient has had physical therapy since surgery. The guidelines state not recommended as a primary treatment modality, but a one-month home-based TENS trial may be

considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II and Some evidence, including diabetic neuropathy and post-herpetic neuralgia. The guidelines note for specific type of pain and do not note for post-surgical pain patients. The documents provided show that patient's pain is 2-3 of 10 and the patient is able to do activity of daily living without difficulty. Therefore, the request is non-certified.

12 batteries: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic Pain (transcutaneous electrical nerve stimulation) Page(s): 114.

Decision rationale: The request for 12 batteries is non-certified. The patient is a 30 year old male with 09/07/2011 date of injury from fall through roof. The patient is status post left knee arthroplasty. On exam the patient is complaining of pain 2-3/10. The notes provided are hard to read. It is noted on 06/03/2013 note within normal limits with activities of daily living. The patient has had physical therapy since surgery. The guidelines state not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II and Some evidence, including diabetic neuropathy and post-herpetic neuralgia. The guidelines note for specific type of pain and do not note for post-surgical pain patients. The documents provided show that patient's pain is 2-3 of 10 and the patient is able to do activity of daily living without difficulty. Therefore, the request is non-certified.

Electrodes: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114.

Decision rationale: The request for electrodes is non-certified. The patient is a 30 year old male with 09/07/2011 date of injury from fall through roof. The patient is status post left knee arthroplasty. On exam the patient is complaining of pain 2-3/10. The notes provided are hard to read. It is noted on 06/03/2013 note within normal limits with activities of daily living. The patient has had physical therapy since surgery. The guidelines state not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. A home-based treatment trial of one month may

be appropriate for neuropathic pain and CRPS II and Some evidence, including diabetic neuropathy and post-herpetic neuralgia. The guidelines note for specific type of pain and do not note for post-surgical pain patients. The documents provided show that patient's pain is 2-3 of 10 and the patient is able to do activity of daily living without difficulty. Therefore, the request is non-certified.