

<b>Case Number:</b>	CM13-0059667		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/31/2008
<b>Decision Date:</b>	04/10/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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:

The patient is a 51-year-old male who reported an injury on 07/31/2008. The mechanism of injury involved a motor vehicle accident. The patient is diagnosed as status post bilateral inguinal hernia repair, bilateral shoulder surgery, cervical and thoracic sprain, bilateral shoulder sprain, lumbar sprain, knee sprain, wrist sprain, and ankle sprain. The patient was seen by [REDACTED] on 11/14/2013. The patient reported an increase in left knee pain. Physical examination revealed positive Minor's sign, limited left knee range of motion, positive McMurray sign, tenderness to palpation with spasm, and patellar grinding. It was noted that the patient has previously utilized an ART interferential unit for a 30-day trial. Treatment recommendations included a purchase of an ART interferential stimulator unit with supplies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ART-D NEUROMUSCULAR STIMULATOR (PURCHASE):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee and Leg (Acute and Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

**Decision rationale:** The California MTUS Guidelines state that neuromuscular electrical stimulation devices are not recommended. Neuromuscular electrical stimulation is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. With regard to an ART interferential unit, as requested in the primary treating physicians progress report on 11/14/2013, the California MTUS Guidelines state that interferential current stimulation is not recommended as an isolated intervention and there should be documentation that pain is ineffectively controlled due to diminished effectiveness of medications or side effects, history of substance abuse, or significant pain from postoperative conditions. Based on the documentation provided, this patient does not meet the criteria for the requested durable medical equipment. Although it is noted that the patient has previously utilized an ART interferential unit, documentation of objective improvement following the initial trial was not provided. There is no documentation of a failure to respond to more traditional conservative treatment. Therefore, the purchase of an ART-D Neuromuscular Stimulator is not medically necessary or appropriate.

**STANDARD ELECTRODES:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary service is not medically necessary, none of the associated services are medically necessary.

**A CONDUCTIVE GARMENT:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary service is not medically necessary, none of the associated services are medically necessary.

**A SLEEVE:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary service is not medically necessary, none of the associated services are medically necessary.

**A SOCK:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary service is not medically necessary, none of the associated services are medically necessary.