

<b>Case Number:</b>	CM14-0003531		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	03/16/2011
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 & Rehabilitation; has a subspecialty in Sports Medicine 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 injured worker is a 26 year old female who reported an injury on March 16, 2011, due to an unknown mechanism. The clinical note dated October 31, 2013 presented the injured worker with constant post operative pain status post left knee arthroscopic surgery. The injured worker's physical exam revealed the left knee demonstrated 80 degrees of flexion, and tenderness along the lateral aspect of the knee. The injured worker's diagnoses included status post left knee arthroscopic surgery and stress. The provider recommended a three (3) month rental of an x-force stimulator for the left knee. The request for authorization form was not included in the medical documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **3-MONTH RENTAL OF AN X-FORCE STIMULATOR FOR THE LEFT KNEE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NEUROMUSCULAR ELECTRICAL STIMULATION (NMES DEVICES) Page(s): 121.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF TENS Page(s): 116-117.

**Decision rationale:** The request for a three (3) month rental of an x-force stimulator for the left knee is not medically necessary. The x-force is comparable to a TENS unit. The California

MTUS guidelines do not recommend a TENS unit as a primary treatment modality. 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. The guidelines note there must be documentation of pain of at least three months duration as well as evidence that other appropriate pain modalities have been tried (including medication) and failed. There is a lack of documentation indicating significant deficits upon physical exam. The injured workers previous courses of conservative care were unclear. It was unclear if the injured worker underwent an adequate TENS trial as well as the efficacy of the TENS unit during the trial. Therefore, the request is not medically necessary.