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| <b>Case Number:</b>   | CM14-0112315 |                              |            |
| <b>Date Assigned:</b> | 08/01/2014   | <b>Date of Injury:</b>       | 10/15/2013 |
| <b>Decision Date:</b> | 10/14/2014   | <b>UR Denial Date:</b>       | 06/23/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/17/2014 |

### 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 Occupational 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:

The patient is a 55-year-old male who has submitted a claim for left shoulder impingement syndrome, lumbar spine herniated disc, left knee medial meniscal tear, osteoarthritis of the left knee, and coccydynia associated with an industrial injury date of 10/15/2013. Medical records from 12/27/2013 to 04/12/2014 were reviewed and showed that patient complained of left shoulder pain graded 5/10, low back pain graded 5/10 radiating down bilateral thighs, and left knee pain graded 5/10. Physical examination of the left shoulder revealed decreased ROM (Range of Motion). Physical examination of the lumbar spine revealed decreased ROM and positive SLR test (laterality not specified). Physical examination of the left knee revealed moderate swelling, medial joint line tenderness, and positive McMurray's test. Of note, there was no documentation of a previous stroke. Treatment to date has included left knee arthroscopic debridement of anterior horn and midbody of medial meniscus (04/29/2014) and pain medications. Of note, it was unclear if the patient was actively participating in a rehabilitation program. Utilization review dated 06/23/2014 denied the request for 5 month rental of multi-stim unit and supplies because the patient has not met the criteria for this request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Five (5) month rental of Multi-Stim unit and supplies:** 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 unit, Interferential Current Stimulation and Neuromuscular Electrical Stimulation) Page(s).

**Decision rationale:** A search of online resources showed that Multi-Stim unit is a combination of TENS, interferential unit, and neuromuscular stimulator. As stated on pages 118-120 in the California MTUS Chronic Pain Medical Treatment guidelines, interferential current stimulation is not recommended as an isolated intervention but is an adjunct for recommended treatments including return to work, exercise, and medications. A one month trial should be done given that the patient's pain is ineffectively controlled by medications, a history of substance abuse, significant pain from post-operative conditions limiting treatment, or unresponsive to conservative measures. Page 114 discusses TENS as opposed to multiple other devices. It is not recommended as a primary treatment modality, but a trial may be considered if used with functional restoration program. Page 121 states that there are no intervention trials suggesting benefit from NMES for chronic pain; hence, it is not recommended unless following stroke. In this case, it is unclear if the patient is actively participating in a rehabilitation program. The use of TENS and interferential unit is only recommended as adjunct to a functional restoration program. Moreover, there was no documentation of a previous stroke to support the need for NMES use. Furthermore, the request of 5-month trial far exceeds the guidelines recommendation of 1 month trial of TENS and interferential unit. The request likewise failed to specify the body part to be treated. Therefore, the request for five (5) month rental of Multi-Stim unit and supplies are not medically necessary and appropriate.