

<b>Case Number:</b>	CM14-0150959		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	02/17/2012
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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:

Patient is a 34-year-old female who has submitted a claim for right knee strain associated with an industrial injury date of 02/17/2012. Medical records provided for review did not include patient's recent medical records which would show subjective complaints as well as physical examination findings. Primary physician's supplemental report dated 06/30/2014 requested for continued use of the OrthoStim3 for pain control, reduction of muscle spasms, increased local circulation, muscle re-education, and to maintain or increase range of motion. According to said report, patient's pain level without the device is 9/10 and with the device 6/10. The patient has used the device daily for pain control and to facilitate restoration of activities of daily living and has used the device for 121 hours and 16 minutes. Also included for review were patient's computerized usage data of the OrthoStim3 Neuromuscular Stimulator from November 2013 to May 30, 2014. Treatment to date has included OrthoStim3 Neuromuscular Stimulator since 09/04/2012. Other treatment modalities were not stated in the medical records provided. Utilization review from 08/18/2014 denied the request for OrthoStim3 Neuromuscular Stimulator due to lack of efficacy in standard literature.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME OrthosTM3 Neuromuscular stimulator:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, and Interferential Current Stimulator and Neuromuscular electrical stimulation, Page(s): p.

**Decision rationale:** Per the website of VQ OrthoCare, the OrthoStim3 combines interferential, TENS, NMS/EMS, and high-volt pulsed current into one unit to "to provide symptomatic relief and management of post-surgical and/or chronic pain." Multiple claims are made regarding effectiveness without citing specific studies. CA MTUS Chronic Pain Medical Treatment Guidelines page 114 discusses TENS as opposed to multiple other devices. It does not consistently recommend interferential and NMS, (pages 118 and 120). In this case, primary physician's supplemental report dated 06/30/2014 requested for continued use of the OrthoStim3 for pain control, reduction of muscle spasms, increased local circulation, muscle re-education, and maintain or increase range of motion. According to said report, patient's pain level without the device is 9/10 and with the device 6/10. The patient has been using the device since September 2012. There are no documented subjective and objective benefits from using the device. Moreover, there is no documentation of a rationale identifying why a combined electrotherapy unit would be required as opposed to a TENS unit. Likewise, it was not stated in the request whether the device is for purchase or for rental. Therefore, the request for DME OrthoStim3 Neuromuscular Stimulator is not medically necessary.