

<b>Case Number:</b>	CM14-0169775		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	07/05/2012
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 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:

According to the records made available for review, this is a 56-year-old male with a 7/5/12 date of injury, and status post right knee arthroscopy 9/9/13 and 6/4/14. At the time (9/17/14) of request for authorization for [REDACTED] Meds 4 unit 3 month rental with electrodes 2/day for 3 months, there is documentation of subjective (increased pain after injection) and objective (right knee 1+ effusion, range of motion 0-115 degrees) findings, current diagnoses (early right medial compartment arthrosis, status post right knee arthroscopy partial meniscectomy, right knee synovitis, and right knee quadriceps insufficiencies), and treatment to date (physical therapy, activity modification, and viscosupplementation).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**[REDACTED] Meds 4 unit 3 month rental with electrodes 2/day for 3 months: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS). Decision based on Non-MTUS Citation Official Disability Guidelines/Electrotherapies

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation, and Interferential Current Stimulation (ICS) Page(s): 113-

**Decision rationale:** MEDS-4 NF unit is a combination of neuromuscular stimulation and interferential stimulation. MTUS chronic pain medical treatment guidelines identifies that interferential current stimulation (ICS) and neuromuscular electrical stimulation (NMES devices) are not recommended. Therefore, based on guidelines and a review of the evidence, the request for [REDACTED] Meds 4 unit 3 month rental with electrodes 2/day for 3 months is not medically necessary.