Case Number:	CM14-0031993		
Date Assigned:	06/20/2014	Date of Injury:	02/27/2013
Decision Date:	07/17/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/13/2014

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 Orthopaedic Surgery, 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:

This 49-year-old male security guard sustained an industrial injury 2/27/13 when he jumped over a fence and fell to the ground injuring his left ankle, knee, leg, and foot. The 3/15/13 left knee mri documented an anterior cruciate ligament tear, bone contusions involving the posterioral lateral and medial tibial plateaus and medial and lateral femoral condyles, large joint effusion, medial meniscus tear, soft tissue edema, and mild chondromalacia patella. The patient underwent left knee anterior cruciate ligament reconstruction, plica resection, and complete synovectomy on 8/29/13. Records indicate that a surgistim unit was initially rented in July 2013. The 2/7/14 treating physician report cited chief complaint of frequent moderate left knee pain and weakness, improved with 10 visits of physical therapy. Left ankle and low back pain were mostly unchanged. Pain was reported 5/10 with medications and 7/10 without. Functional improvement was noted with current Norco use. Left knee exam findings documented minimal diffuse swelling, range of motion 0-134 degrees, 4/5 quadriceps/hamstring weakness, and tenderness. Left ankle and plantar fascia tenderness was documented, with no ankle laxity. The diagnosis was status post left knee surgery, left ankle sprain, lumbar spine sprain/strain secondary to altered gait, and anxiety/stress. The treatment plan recommended completion of the 2 remaining physical therapy sessions, refill of Norco, and psyche consult. The patient was Deemed capable of return to modified work on 2/17/14. The 2/18/14 utilization review denied the purchase of the surgistim 4 unit as this device was originally rented 6-7 months prior with no indication of improvement and absence of evidence based clinical research showing efficacy of this device. The 2/25/14 ame report indicated that the patient had frequent slight left knee pain occasionally mild with various

activities and intermittent slight left ankle/foot pain. The patient had returned to work on 2/18/14 and was working full time. Therapy and medications were opined to be reasonable treatments for the left knee, ankle and foot. There were no indications for additional surgical procedures.

Imr issues, decisions and rationales

The final determination was based on decisions for the disputed items/services set forth below:

Purchase of surgistim unit 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy: Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-121.

Decision rationale: Under consideration is a request for purchase of an SurgiStim 4 unit. The SurgiStim 4 unit provides a combination of interferential current, neuromuscular electrical stimulation (NMES), galvanic current, and (direct) pulsed current. The California MTUS guidelines for transcutaneous electrotherapy do not recommend the use of NMES or galvanic stimulation in the treatment of chronic pain. Guidelines state that interferential current is not recommended as an isolated intervention. Guidelines support use of a TENS unit as an adjunct to on-going functional restoration treatment, following a one-month trial with documentation of how often the unit was used, and outcomes in terms of pain and function. Guideline criteria have not been met. If one or more of the individual modalities provided by this multi-modality unit is not supported, then the unit as a whole is not supported. Guidelines clearly do not support the use of NMES or galvanic stimulation to address chronic pain. Physical therapy has been completed, interferential is not supported as an isolated intervention. There is no documentation of any prior functional benefit achieved with the use of this device. Therefore, this request for DME purchase of a SurgiStim 4 unit is not medically necessary.