

<b>Case Number:</b>	CM14-0035815		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	12/26/2004
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 45 year old female who was injured on 12/28/04. She was diagnosed with osteoarthritis, sleep disorder, asthma, hypertension, and depression. She has been treated with oral medications for her chronic knee pain and chronic back pain, surgery (total right knee replacement 11/26/13), physical therapy and exercises, and electrical stimulation device (unknown duration). On 2/12/14 she was seen by her orthopedic doctor for a follow-up complaining of burning pain in her right knee as well as back pain since the surgery months prior. She stated that she didn't tolerate her NSAIDs that she had been using to control her pain and had been taking hydrocodone as needed for her pain. No mention of how her electrical stimulation device had been influencing her pain levels or function with its use was found in the documents provided. She was then recommended she start Norco, continue physical therapy and stretching exercises. A request for a reorder of her electrical stimulation device supplies was made soon after this office visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SurgiStim Supplies for purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines.

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

**Decision rationale:** The Chronic Pain Guidelines state that transcutaneous electrotherapy may be considered in the treatment of pain. There are multiple modalities and devices that are commonly used for this therapy. The SurgiStim device is a combination of multiple modalities including neuromuscular stimulation, high volt pulsed current stimulation and interferential stimulation. Although individual modalities are discussed in the Chronic Pain Medical Treatment Guidelines, SurgiStim and other combination modality devices have no research to confirm that they are effective for chronic pain or more effective than each individual modality of transcutaneous electrotherapy. Limited evidence for transcutaneous electrical nerve stimulation (TENS) as an isolated treatment modality suggests benefit over placebo, but not as a primary or isolated treatment. Generally these modalities might be considered for short term use as it is combined with other conservative therapies including exercises and may be considered in situations where other therapies have failed. In the case of this worker, she had been using the SurgiStim unit for some time prior to the request for requesting the associated supplies for continued use of the unit, and no information found in the documents provided for review discussed whether or not it helped her pain, by how much, and whether or not it improved her function and by how much. Due to the lack of required documentation for its specific utility with this worker and the fact that use of a combined modality device is not backed by sufficient current evidence for efficacy and safety, the SurgiStim is not medically necessary.