

<b>Case Number:</b>	CM14-0208960		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	02/28/2014
<b>Decision Date:</b>	03/04/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 33 year male who was injured on 2/28/2014. The diagnoses are degenerative knee disease, knee injury and left knee pain. The 2014 MRI of the left knee showed degenerative joint disease, lateral and medial meniscal tears. The past surgery history is significant for left knee arthroscopic meniscectomy and chondroplasty on 7/18/2014. The patient completed post-surgery PT. On 9/26/2014, [REDACTED] noted subjective report that the knee pain had decreased significantly following surgery and PT. The patient reported utilizing pain medications sparingly. There was functional improvement and improved mobilization. The medications listed are Naproxen, pantoprazole and Hydrocodone. The weaning schedule for the medications was started in August, 2014. There was no documentation of utilization of an electrical stimulation device. A Utilization Review determination was rendered on 11/11/2014 recommending non certification for #2 Dura Stick II electrodes x2 x 2

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dura Stick II Electrodes x 2(5cm) x2 (5cm): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines TENS Unit.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113-116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Electrical Stimulator device

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that electrical stimulation devices can be utilized for the treatment of chronic musculoskeletal pain. The utilization of electrical stimulation can lead to reduction in pain, decreased in medication utilization and functional restoration. Electrical stimulation can be incorporated into the PT or home exercise program. The records did not show that the patient is utilizing any electrical stimulation device that can require Dura Stick II Electrodes. The patient reported significant reduction in pain and decrease in medication utilization following surgery and PT. The criteria for the use of Dura Stick II Electrode x2x2 was not met.

**Dura Stick II Electrodes x 2(5cm) x2 (5cm):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines TENS Unit.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113-116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Electrical Stimulator devices

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that electrical stimulation devices can be utilized for the treatment of chronic musculoskeletal pain. The utilization of electrical stimulation can lead to reduction in pain, decreased in medication utilization and functional restoration. Electrical stimulation can be incorporated into the PT or home exercise program. The records did not show that the patient is utilizing any electrical stimulation device that can require Dura Stick II Electrodes. The patient reported significant reduction in pain and decrease in medication utilization following surgery and PT. The criteria for the use of Dura Stick II Electrode x2 x2 was not met.