

Case Number:	CM14-0023253		
Date Assigned:	05/14/2014	Date of Injury:	10/09/2012
Decision Date:	03/23/2015	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/24/2014

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. 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: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 51-year-old male who reported an injury on 10/09/2012 due to an unknown mechanism of injury. The injured worker's diagnoses included contusion of the right knee, ACL sprain of the right knee, and chondral fissuring of the lateral patellar facet. The injured worker was evaluated on 07/29/2013. It was documented that the injured worker had 5/10 knee pain. Objective findings included pain with flexion and extension of the right knee. The injured worker's treatment history included arthroscopic repair of the right knee with patelloplasty and possible subcutaneous lateral release of the retinaculum. A request for a 30 day trial of an X-force stimulation unit was made. No Request for Authorization was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 DAY TRIAL OF AN X-FORCE STIMULATION UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation). Decision based on Non-MTUS Citation ODG, Transcutaneous electrical nerve stimulation (TENS)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, post operative pain (transcutaneous electrical nerve stimulation) Page(s): 116.

Decision rationale: The requested 30 day trial of an X-force stimulation unit is not medically necessary or appropriate. This request was previously reviewed and received an adverse determination due to a lack of justification of a specialized unit over what a regular TENS unit could provide to assist with postsurgical pain management. The California Medical Treatment Utilization Schedule does support the use of a TENS unit for 30 days after a surgical intervention to assist with pain management and restoration of function. However, the clinical documentation submitted for review does not provide any justification for the need of a combination unit over a single TENS unit. As such, the requested 30 day trial of an X-force stimulation unit is not medically necessary or appropriate.

3 MONTHS SUPPLY OF TENS SUPPLIES AND CONDUCTIVE GARMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.