

<b>Case Number:</b>	CM14-0066679		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	02/27/2012
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine 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:

The claimant is a 58 year old female injured worker with a date of injury of 2/27/12. She has been diagnosed with asthma and a left knee meniscal tear, which was diagnosed on MRI. She was treated with physical therapy and a knee injection prior to surgical treatment being recommended for her. She underwent surgery in 12/13. The disputed treatment was the use of the SurgiStim 3. The DME prescription for this device is present in the medical records available for my review, and was prescribed pre-operatively, on 11/21/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**retrospective electrode packs 4 packs A4556/:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Knee complaints. Interferential Current Stimulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 117, 118, 121.

**Decision rationale:** The documentation submitted for review did not document functional improvement or pain relief from the ongoing use of the interferential unit. There was no documentation regarding how often the interferential was used. Per the manufacturer's website, the Surgi Stim unit incorporates interferential, high voltage pulsed current stimulation (galvanic),

and NMS/EMS therapies into one unit. MTUS is silent on this specific device. With regard to interferential current stimulation, the MTUS states: "Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone." With regard to NMES, the MTUS states: "Not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain." Per MTUS, galvanic stimulation is not recommended, and is considered investigational for all indications. As the NMES and galvanic modalities of the device are not recommended, the request is not medically necessary. As the interferential unit was not documented to be medically necessary, the requested supplies for the unit are not medically necessary.

**Retrospective Interferential Unit: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 117, 118, 121.

**Decision rationale:** The documentation submitted for review did not document functional improvement or pain relief from the ongoing use of the interferential unit. There was no documentation regarding how often the interferential was used. Per the manufacturer's website, the Surgi Stim unit incorporates interferential, high voltage pulsed current stimulation (galvanic), and NMS/EMS therapies into one unit. MTUS is silent on this specific device. With regard to interferential current stimulation, the MTUS states: "Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone." With regard to NMES, the MTUS states: "Not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain." Per MTUS, galvanic stimulation is not recommended, and is considered investigational for all indications. As the NMES and galvanic modalities of the device are not recommended, the request is not medically necessary.

**12 Power Pack A4630: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Knee complaints. Interferential Stimulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 117, 118, 121.

**Decision rationale:** The documentation submitted for review did not document functional improvement or pain relief from the ongoing use of the interferential unit. There was no documentation regarding how often the interferential was used. Per the manufacturer's website, the Surgi Stim unit incorporates interferential, high voltage pulsed current stimulation (galvanic), and NMS/EMS therapies into one unit. MTUS is silent on this specific device. With regard to interferential current stimulation, the MTUS states: "Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone." With regard to NMES, the MTUS states: "Not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain." Per MTUS, galvanic stimulation is not recommended, and is considered investigational for all indications. As the NMES and galvanic modalities of the device are not recommended, the request is not medically necessary. As the interferential unit was not documented to be medically necessary, the requested supplies for the unit are not medically necessary.

**Retrospective 16 Adhesive Remover Towel Mint a4456 Tower mint:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Knee complaints. Interferential Current Stimulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 117, 118, 121.

**Decision rationale:** The documentation submitted for review did not document functional improvement or pain relief from the ongoing use of the interferential unit. There was no documentation regarding how often the interferential was used. Per the manufacturer's website, the Surgi Stim unit incorporates interferential, high voltage pulsed current stimulation (galvanic), and NMS/EMS therapies into one unit. MTUS is silent on this specific device. With regard to interferential current stimulation, the MTUS states: "Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone." With regard to NMES, the MTUS states: "Not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain." Per MTUS, galvanic stimulation is not recommended, and is considered investigational for all indications. As the NMES and galvanic modalities of the device are not recommended, the request is not medically necessary. As the interferential unit was not documented to be medically necessary, the requested supplies for the unit are not medically necessary.

**Retrospective shipping and handling A9901:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Knee complaints. Interferential Current Stimulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 117, 118, 121.

**Decision rationale:** The documentation submitted for review did not document functional improvement or pain relief from the ongoing use of the interferential unit. There was no documentation regarding how often the interferential was used. Per the manufacturer's website, the Surgi Stim unit incorporates interferential, high voltage pulsed current stimulation (galvanic), and NMS/EMS therapies into one unit. MTUS is silent on this specific device. With regard to interferential current stimulation, the MTUS states: "Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone." With regard to NMES, the MTUS states: "Not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain." Per MTUS, galvanic stimulation is not recommended, and is considered investigational for all indications. As the NMES and galvanic modalities of the device are not recommended, the request is not medically necessary. As the interferential unit was not documented to be medically necessary, the requested is not medically necessary.