

<b>Case Number:</b>	CM15-0004805		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	06/16/2014
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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  
Certification(s)/Specialty: Orthopedic Surgery

### 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 53 year old male, who sustained an industrial injury on 06/16/2014. On provider visit dated 10/27/2014 the injured worker has reported persist left wrist and right knee pain, tenderness, stiffness, weakness and instability. He was noted to have limited range of motion. The diagnoses have included left knee strain/strain. Treatment to date has included MRI scan of the left knee and surgical consultation. Treatment plan included left knee arthroscopic evaluation, post-operative surgi-stim unit, cool care cold therapy unit, rehabilitative therapy and home continuous passive motion. On 12/23/2014 Utilization Review non-certified Surgi Stim Unit. The CA MTUS Chronic Pain Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Surgi Stim Unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 399.

**Decision rationale:** CA MTUS/ACOEM Chapter 13, Knee complaints, page 339 states that, "some studies have shown that transcutaneous electrical neurostimulation (TENS) units and acupuncture may be beneficial in patients with chronic knee pain, but there is insufficient evidence of benefit in acute knee problems." Therefore the decision to prescribe a TENS unit in the immediate, acute, postoperative setting is not supported by the guidelines above and determination is for non-certification.