

<b>Case Number:</b>	CM15-0139781		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	02/18/2010
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	07/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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: Emergency Medicine

### 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 57 year old female who sustained an industrial injury on 02/18/2010 when she was struck on the side of her forehead, neck and right upper extremity from a falling piece of ceiling. The injured worker denies loss of consciousness. The injured worker was diagnosed with internal derangement of the right knee, right upper extremity radiculopathy and headaches. The injured worker is status post an anterior cervical discectomy and fusion at C4-C7 on May 28, 2014 and a right knee arthroscopy with partial medial and lateral meniscectomy, chondroplasty, resection of plica and removal of loose bodies on May 28, 2015. Treatment to date has included diagnostic testing with recent right knee magnetic resonance imaging (MRI) in March 2015, cervical surgery, knee injections, physical therapy, home exercise program and medications. According to the primary treating physician's progress report on June 9, 2015, the injured worker continues to experience residual neck pain rated at 6-7 out of 10 on the pain scale with gradual improvement and right knee pain with associated buckling. Examination of the right knee demonstrated mild effusion with a clean incision site. Stitches were removed and steri-strips placed. Current medication is noted as Soma. Treatment plan consists of starting Voltaren XR, starting post-operative knee physical therapy and the current request for ProStim 5.0 purchase with 3 month supplies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ProStim 5.0, plus 3 months supplies, purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Galvanic stimulation; Transcutaneous electrotherapy; Interferential Current Stimulation (ICS); Neuromuscular electrical stimulation (NMES devices) Page(s): 117; 114-116; 118-120; 121.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Interferential current stimulation Page(s): 118-120.

**Decision rationale:** The requested ProStim 5.0, plus 3 months supplies, purchase, is not medically necessary. CA Chronic Pain Medical Treatment Guidelines, Transcutaneous electrotherapy, Interferential current stimulation, noted that this treatment is "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. There are no published randomized trials comparing TENS to Interferential current stimulation and the criteria for its use are: Pain is ineffectively controlled due to diminished effectiveness of medications; or Pain is ineffectively controlled with medications due to side effects; or History of substance abuse; or Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.)." The injured worker has residual neck pain rated at 6-7 out of 10 on the pain scale with gradual improvement and right knee pain with associated buckling. Examination of the right knee demonstrated mild effusion with a clean incision site. Stitches were removed and steri-strips placed. The treating physician has not documented any of the criteria noted above, nor a current functional rehabilitation treatment program, nor derived functional improvement from electrical stimulation including under the supervision of a licensed physical therapist. The criteria noted above not having been met, ProStim 5.0, plus 3 months supplies, purchase is not medically necessary.