

<b>Case Number:</b>	CM15-0023033		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	07/09/2008
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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, 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 59-year-old male who reported an injury on 07/09/2008. The injured worker was reportedly walking through an aisle at a fast pace assisting a customer when he felt a pop in his left knee. The current diagnoses include lumbar spine sprain/strain with right lower extremity radiculopathy, L4-5 facet syndrome, and status post bilateral knee replacement in 2009 and 2012. The latest physician progress report submitted for review is documented on 01/26/2015. The injured worker presented for a follow-up evaluation with complaints of bilateral knee pain. The injured worker also reported complaints of popping and occasional numbness. It was noted that the injured worker was engaged in a home exercise program. Upon examination of the lumbar spine, there was decreased range of motion, tenderness to palpation, a positive seated straight leg raise, a mildly limping gait, and a positive Kemp's sign with decreased sensation in the L4 distribution. Examination of the bilateral knees revealed pain on extension, decreased active range of motion, a mildly limping gait, and pain with extension. Recommendations authorization for epidural steroid injections and continuation of the current medication regimen of Norco 7.5/325 mg and Fexmid. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Conductive garment-purchase #1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation. Decision based on Non-MTUS Citation ACOEM, page 114 Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

**Decision rationale:** California MTUS Guidelines state form fitting TENS devices are only considered medically necessary when there is documentation of a large area that requires stimulation that a conventional system cannot accommodate. In this case, it was noted that the injured worker was pending authorization for an interferential current stimulator unit. The injured worker had been previously treated with interferential current stimulation in the past. However, there was no mention of objective functional improvement with the device. Therefore, ongoing use of the interferential unit would not be supported. The associated requests for conductive garment purchase, electrodes, batteries, adhesive removal patches, lead wires, shipping, and mist would not be supported. The injured worker's prior request for an interferential current stimulator unit purchase was not authorized. Given the above, the associated request is not medically necessary.

**Electrodes-purchase #24: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation. Decision based on Non-MTUS Citation ACOEM, page 114 Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

**Decision rationale:** California MTUS Guidelines state form fitting TENS devices are only considered medically necessary when there is documentation of a large area that requires stimulation that a conventional system cannot accommodate. In this case, it was noted that the injured worker was pending authorization for an interferential current stimulator unit. The injured worker had been previously treated with interferential current stimulation in the past. However, there was no mention of objective functional improvement with the device. Therefore, ongoing use of the interferential unit would not be supported. The associated requests for conductive garment purchase, electrodes, batteries, adhesive removal patches, lead wires, shipping, and mist would not be supported. The injured worker's prior request for an interferential current stimulator unit purchase was not authorized. Given the above, the associated request is not medically necessary.

**Batteries-purchase #36: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation. Decision based on Non-MTUS Citation ACOEM, page 114 Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

**Decision rationale:** California MTUS Guidelines state form fitting TENS devices are only considered medically necessary when there is documentation of a large area that requires stimulation that a conventional system cannot accommodate. In this case, it was noted that the injured worker was pending authorization for an interferential current stimulator unit. The injured worker had been previously treated with interferential current stimulation in the past. However, there was no mention of objective functional improvement with the device. Therefore, ongoing use of the interferential unit would not be supported. The associated requests for conductive garment purchase, electrodes, batteries, adhesive removal patches, lead wires, shipping, and mist would not be supported. The injured worker's prior request for an interferential current stimulator unit purchase was not authorized. Given the above, the associated request is not medically necessary.

**Adhesive removes-purchase #96:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation. Decision based on Non-MTUS Citation ACOEM, page 114 Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

**Decision rationale:** California MTUS Guidelines state form fitting TENS devices are only considered medically necessary when there is documentation of a large area that requires stimulation that a conventional system cannot accommodate. In this case, it was noted that the injured worker was pending authorization for an interferential current stimulator unit. The injured worker had been previously treated with interferential current stimulation in the past. However, there was no mention of objective functional improvement with the device. Therefore, ongoing use of the interferential unit would not be supported. The associated requests for conductive garment purchase, electrodes, batteries, adhesive removal patches, lead wires, shipping, and mist would not be supported. The injured worker's prior request for an interferential current stimulator unit purchase was not authorized. Given the above, the associated request is not medically necessary.

**Leadwires-purchase #2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation. Decision based on Non-MTUS Citation ACOEM, page 114 Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

**Decision rationale:** California MTUS Guidelines state form fitting TENS devices are only considered medically necessary when there is documentation of a large area that requires stimulation that a conventional system cannot accommodate. In this case, it was noted that the injured worker was pending authorization for an interferential current stimulator unit. The injured worker had been previously treated with interferential current stimulation in the past. However, there was no mention of objective functional improvement with the device. Therefore, ongoing use of the interferential unit would not be supported. The associated requests for conductive garment purchase, electrodes, batteries, adhesive removal patches, lead wires, shipping, and mist would not be supported. The injured worker's prior request for an interferential current stimulator unit purchase was not authorized. Given the above, the associated request is not medically necessary.

**Shipping #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation. Decision based on Non-MTUS Citation ACOEM, page 114 Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

**Decision rationale:** California MTUS Guidelines state form fitting TENS devices are only considered medically necessary when there is documentation of a large area that requires stimulation that a conventional system cannot accommodate. In this case, it was noted that the injured worker was pending authorization for an interferential current stimulator unit. The injured worker had been previously treated with interferential current stimulation in the past. However, there was no mention of objective functional improvement with the device. Therefore, ongoing use of the interferential unit would not be supported. The associated requests for conductive garment purchase, electrodes, batteries, adhesive removal patches, lead wires, shipping, and mist would not be supported. The injured worker's prior request for an interferential current stimulator unit purchase was not authorized. Given the above, the associated request is not medically necessary.

**Mist #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation. Decision based on Non-MTUS Citation ACOEM, page 114 Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

**Decision rationale:** California MTUS Guidelines state form fitting TENS devices are only considered medically necessary when there is documentation of a large area that requires stimulation that a conventional system cannot accommodate. In this case, it was noted that the injured worker was pending authorization for an interferential current stimulator unit. The injured worker had been previously treated with interferential current stimulation in the past. However, there was no mention of objective functional improvement with the device. Therefore, ongoing use of the interferential unit would not be supported. The associated requests for conductive garment purchase, electrodes, batteries, adhesive removal patches, lead wires, shipping, and mist would not be supported. The injured worker's prior request for an interferential current stimulator unit purchase was not authorized. Given the above, the associated request is not medically necessary.