

<b>Case Number:</b>	CM15-0032544		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	02/27/2014
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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: Minnesota, Florida

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 47-year-old female, who sustained an industrial injury on February 27, 2014. The diagnoses have included contusion of right knee, tricompartmental osteoarthritis, and right knee joint effusion. The MRI scan revealed a complex tear of the medial meniscus. Treatment to date has included medication, physical therapy and diagnostic studies. Currently, the injured worker complains of right knee pain, which she describes as aching, stabbing, and burning in nature. She has associated numbness and reports that prolonged standing and walking will aggravate the pain. She rates the pain a 7-9 on a 10-point scale. A request for right knee arthroscopy, partial medial meniscectomy and chondroplasty of all three compartments was initially non-certified but subsequently certified after a peer to peer discussion with the provider. However, the request for the X-force stimulator was modified to a TENS unit based upon chronic pain guidelines. The request for Physical therapy 2x4 was modified to 2x3 using postsurgical treatment guidelines. These two modifications have been appealed to an independent medical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative physical therapy twice a week for four weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25, 10, 11.

**Decision rationale:** California MTUS post surgical treatment guidelines indicate 12 visits over 12 weeks for a partial meniscectomy and chondroplasty. The initial course of therapy is one half of these visits which is 6 visits. Then with documentation of continuing functional improvement, an additional 6 visits may be prescribed. The physical therapy may continue up to a maximum of 4 months. The request as stated is for 8 visits which exceeds the guideline recommendation of 6 initial visits. As such, the request as stated is not supported by guidelines and the medical necessity has not been substantiated.

**Post-operative X-Force stimulator, 14 days:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116.

**Decision rationale:** The X-force stimulator is a proprietary device that utilizes a unique electrical signal to deliver monophasic, electrical impulses directly to the joint. It is a dual modality unit, offering TEJS and TENS functions that both use electrical stimulation. California MTUS chronic pain guidelines recommend transcutaneous electrical nerve stimulation as a treatment option for acute postoperative pain but only for specific surgical procedures. It appears to be most effective for mild to moderate thoracotomy pain. It has been shown to be of lesser effect or not at all for other orthopedic surgical procedures. The guidelines do not support use of TENS or TEJS for postoperative orthopedic surgery pain. As such, the use of the X-force stimulator for postoperative pain is not supported by guidelines and the medical necessity is not established.