

<b>Case Number:</b>	CM15-0032953		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	08/13/2013
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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: 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 56-year-old male who sustained an industrial injury on 8/13/13. The injured worker reported symptoms in the right knee. The diagnoses included strain/sprain right knee, post-operative arthroscopic surgery right knee, and facet syndrome right L5-S1 and medial lateral meniscal tears right knee. Treatments to date include status post knee surgery 12/5/14, physical therapy, cortisone injections, and oral pain medication. In a progress note dated 2/19/15 the treating provider reports the injured worker was with "right knee pain with activity 8/10." On 1/30/15 Utilization Review non-certified the request for purchase of an Electrical Muscle Stimulation unit and Electrical Muscle Stimulation supplies as needed. The MTUS, ACOEM Guidelines, (or ODG) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of an EMS unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS  
Page(s): 114-121.

**Decision rationale:** The 1/30/15 Utilization Review letter states the Purchase of an EMS unit requested on the 1/08/15 medical report was denied because guidelines state NMES is not recommended. The handwritten 1/8/15 orthopedic report states the patient has 8/10 right knee pain with bending and extending without numbness or tingling. The diagnoses includes post-op arthroscopic surgery, right knee; strain right knee; med/lat meniscal tear; lumbosacral strain. The physician recommends PT with EMS, exercises and hot packs. There is no discussion of an EMS purchase or supplies. MTUS Chronic Pain Medical Treatment Guidelines, for TENS, pg114-121 for Transcutaneous electrotherapy states: Electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. Transcutaneous electrotherapy is the most common form of electrotherapy where electrical stimulation is applied to the surface of the skin. The earliest devices were referred to as TENS (transcutaneous electrical nerve stimulation) and are the most commonly used. It should be noted that there is not one fixed electrical specification that is standard for TENS; rather there are several electrical specifications. Other devices (such as H-wave stimulation (devices), Interferential Current Stimulation, Microcurrent electrical stimulation (MENS devices), RS-4i sequential stimulator, Electroceutical Therapy (bioelectric nerve block), Neuromuscular electrical stimulation (NMES devices), Sympathetic therapy, Dynatron STS) have been designed and are distinguished from TENS based on their electrical specifications to be discussed in detail below. The following individual treatment topics are grouped together under the topic heading, "Transcutaneous Electrotherapy [DWC]" and are intended to allow the users of the chronic pain medical treatment guidelines to compare their benefits and to choose amongst the various transcutaneous electrical stimulation devices. All of the following individual treatment topics are from the ODG guidelines. A specific guideline cannot be cited because the requested service was not described in sufficient detail. In order to select the relevant guideline, the requested service must refer to a specific treatment, including the type of EMS unit. The request in this case was too generic and might conceivably refer to any number of EMS units and guideline citations. There is not enough information provided to verify that the EMS requested is in accordance with the applicable MTUS guideline. Based on the provided records, the request for "Purchase of an EMS unit" IS NOT medically necessary.

**EMS supplies as needed:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 114.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS  
Page(s): 114-121.

**Decision rationale:** The 1/30/15 Utilization Review letter states the EMS supplies as needed requested on the 1/08/15 medical report was denied because the DME was not approved. The handwritten 1/8/15 orthopedic report states the patient has 8/10 right knee pain with bending and extending without numbness or tingling. The diagnoses includes post-op arthroscopic surgery, right knee; strain right knee; med/lat meniscal tear; lumbosacral strain. The physician

recommends PT with EMS, exercises and hot packs. There is no discussion of an EMS purchase or supplies. MTUS Chronic Pain Medical Treatment Guidelines, for TENS, pg114-121 for Transcutaneous electrotherapy states: Electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. Transcutaneous electrotherapy is the most common form of electrotherapy where electrical stimulation is applied to the surface of the skin. The earliest devices were referred to as TENS (transcutaneous electrical nerve stimulation) and are the most commonly used. It should be noted that there is not one fixed electrical specification that is standard for TENS; rather there are several electrical specifications. Other devices (such as H-wave stimulation (devices), Interferential Current Stimulation, Microcurrent electrical stimulation (MENS devices), RS-4i sequential stimulator, Electroceutical Therapy (bioelectric nerve block), Neuromuscular electrical stimulation (NMES devices), Sympathetic therapy, Dynatron STS) have been designed and are distinguished from TENS based on their electrical specifications to be discussed in detail below. The following individual treatment topics are grouped together under the topic heading, "Transcutaneous Electrotherapy [DWC]" and are intended to allow the users of the chronic pain medical treatment guidelines to compare their benefits and to choose amongst the various transcutaneous electrical stimulation devices. All of the following individual treatment topics are from the ODG guidelines. A specific guideline cannot be cited because the requested service was not described in sufficient detail. In order to select the relevant guideline, the requested service must refer to a specific treatment, including the type of EMS unit. The request in this case was too generic and might conceivably refer to any number of EMS units and guideline citations. There is not enough information provided to verify that the EMS requested is in accordance with the applicable MTUS guideline. Similarly, the unspecified supplies for the unknown EMS cannot be verified to be in accordance with MTUS guidelines. Based on the provided records, the request for "EMS supplies as needed" IS NOT medically necessary.