

Case Number:	CM15-0055726		
Date Assigned:	03/30/2015	Date of Injury:	10/30/2003
Decision Date:	05/01/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/23/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 76 year old male, who sustained an industrial injury on 10/30/2003. He reported a slip and fall injury. The injured worker was diagnosed as status post bilateral knee surgeries, lumbar degenerative disc disease and status post lumbar decompression and fusion. There is no record of a recent diagnostic study. Treatment to date has included knee surgery, physical therapy, injections and medication management. In a progress note dated 1/28/2015, the injured worker complains of right knee and low back pain. The treating physician is requesting X-force stimulator with solar care for home use.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-force stimulator with solar care for house use: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Neuromuscular electrical stimulation (NMES devices), p121 (2) Transcutaneous electrotherapy, p114 Page(s): 114, 121.

Decision rationale: The claimant sustained a work-related injury in October 2013 and continues to be treated for knee pain. An X-Force Stimulator is a device that utilizes an electrical signal to deliver monophasic, peaked impulses directly to the joint. The device is a dual modality unit, also offering TENS functions. Although not recommended as a primary treatment modality, TENS is used for the treatment of chronic pain. TENS is thought to disrupt the pain cycle by delivering a different, non-painful sensation to the skin around the pain site. It is a noninvasive, cost effective, self-directed modality. Indications include pain, inflammation, and muscle spasm and, if effective, can be performed independently by the patient. Basic TENS units are available for home use and supplies such as electrodes can be reused many times. In terms of TENS, a one-month home-based trial may be considered as a noninvasive conservative option. Criteria for the continued use of TENS include documentation of a one-month trial period of the TENS unit including how often the unit was used, as well as outcomes in terms of pain relief. In this case, there is no documented home-based trial of TENS. Additionally a dual function unit is being requested. Therefore providing the requested X-force stimulator unit is not medically necessary.