

<b>Case Number:</b>	CM15-0089892		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	04/29/2013
<b>Decision Date:</b>	06/15/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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 04/29/2013. Current diagnosis includes left knee internal derangement. Previous treatments included medication management, physical therapy, and knee brace. Initial injuries included left knee pain after falling and landing on his knee. Report dated 02/20/2015 noted that the injured worker presented with complaints that included constant sharp stabbing pain in the left knee and associated swelling, popping, and weakness. Pain level was 10 out of 10 on a visual analog scale (VAS). Physical examination was positive for left knee tenderness and positive McMurray's on the left. The treatment plan included requests for x-rays of the right knee, prior MRI report, consultation with an orthopedic surgeon, and X-Force stimulator. It was noted that the injured worker has left knee surgery scheduled through his private insurance. Disputed treatments include a home X-force unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home X-force unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation), Criteria for the use of TENS.

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Transcutaneous electrical nerve stimulator.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS for chronic pain, pages 114-117.

**Decision rationale:** Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of a Transcutaneous Electrotherapy Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. There is no documented short-term or long-term goals of treatment with the X-Force Solar care unit. Submitted reports have not adequately addressed or demonstrated any functional benefit or pain relief as part of the functional restoration approach to support the request for the Unit without previous failed TENS trial. There is no evidence for change in functional status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the therapy treatment already rendered. MTUS guidelines recommend TENS as an option for acute post-operative pain and states TENS is most effective for mild to moderate thoracotomy pain; however, it has been shown to be of lesser effect or not at all effective for other orthopedic surgical procedures such as in this case, the shoulder arthroscopy. Additionally, a form-fitting TENS device is only considered medically necessary with clear specific documentation for use of a large area that conventional system cannot accommodate or that the patient has specific medical conditions such as skin pathology that prevents use of traditional system, that demonstrated in this situation. The Home X-force unit is not medically necessary and appropriate.