

<b>Case Number:</b>	CM13-0031017		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	12/04/2011
<b>Decision Date:</b>	06/17/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 underlying date of injury in this case is 12/04/2011. An initial physician review recommended a conditional non-certification given the lack of clinical information to support a rationale for the requested electrodes and replacement batteries and adhesive removal wipes in this case. According to a treating physician's report of 02/04/2013, this patient's diagnoses include an osteochondral defect of the left ankle, sprain/strain of the left ankle, left ankle derangement, and mid and low back symptoms. Current treating notes including a PR-2 report of 09/09/2013 are handwritten and only marginally legible. These reports appear to outline multifocal osteoarthritis and muscle strains. Very limited specific information can be ascertained from these treatment notes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST FOR 16 ELECTRODES, PAIR (DOS: 7/25/13): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section on Transcutaneous Electrotherapy Page(s): 114.

**Decision rationale:** The MTUS Chronic Pain Guidelines states, "Electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain." The MTUS Chronic Pain Guidelines outlines specific indications for multiple forms of transcutaneous electrotherapy including interferential stimulation, microcurrent stimulation, transcutaneous electrical nerve stimulation, neuromuscular electrical stimulation, and others. In order to consider the current treatment request, it would be necessary to understand more details regarding the patient's underlying diagnosis and the type of transcutaneous electrical treatment being provided to this patient and the results of past treatment to support the current additional accessories. The medical records provided for review do not include sufficient information to apply this guideline. Therefore, this request is not medically necessary.

**RETROSPECTIVE REQUEST FOR 24 REPLACEMENT BATTERIES (DOS: 7/25/13):**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Section on Transcutaneous Electrotherapy Page(s): 114.

**Decision rationale:** The MTUS Chronic Pain Guidelines states, "Electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain." The MTUS Chronic Pain Guidelines outlines specific indications for multiple forms of transcutaneous electrotherapy including interferential stimulation, microcurrent stimulation, transcutaneous electrical nerve stimulation, neuromuscular electrical stimulation, and others. In order to consider the current treatment request, it would be necessary to understand more details regarding the patient's underlying diagnosis and the type of transcutaneous electrical treatment being provided to this patient and the results of past treatment to support the current additional accessories. The medical records at this time do not provide sufficient information to apply this guideline. Therefore, this request is not medically necessary.

**RETROSPECTIVE REQUEST FOR 32 ADHESIVE REMOVER WIPES (DOS: 7/25/13):**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section on Transcutaneous Electrotherapy Page(s): 114.

**Decision rationale:** The MTUS Chronic Pain Guidelines states, "Electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain." The MTUS Chronic Pain Guidelines outlines specific indications for multiple forms of transcutaneous electrotherapy including interferential stimulation, microcurrent stimulation, transcutaneous electrical nerve stimulation, neuromuscular electrical stimulation, and others. In order to consider the current treatment request, it would be necessary to understand more details

regarding the patient's underlying diagnosis and the type of transcutaneous electrical treatment being provided to this patient and the results of past treatment to support the current additional accessories. The medical records at this time do not provide sufficient information to apply this guideline. Therefore, this request is not medically necessary.