

Case Number:	CM14-0164184		
Date Assigned:	10/08/2014	Date of Injury:	05/24/2007
Decision Date:	11/13/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/06/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain, leg pain, rib pain, depression, and anxiety reportedly associated with an industrial injury of May 24, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; viscosupplementation injections for the knee; a knee sleeve; the apparent imposition of permanent work restrictions through a Medical-legal Evaluation; and earlier ankle surgery. In a Utilization Review Report dated October 1, 2014, the claims administrator denied a request for multimodality interferential stimulator device. The applicant's attorney subsequently appealed. In an August 20, 2014 progress note, the applicant presented with persistent knee pain status post recent viscosupplementation injection. The applicant was using tramadol and Voltaren for pain relief. Another viscosupplementation injection was performed. Permanent work restrictions were renewed. A multimodality MEDS-4 interferential stimulator device with associated garment was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: MEDS-4 INFRA Unit rental, 30 days for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation (NMES) topic Page(s): 121. Decision based on Non-MTUS Citation medstim.com | [meds-4-inf medstim.com/meds-4-inf/meds-4-inf.php](http://meds-4-inf.medstim.com/meds-4-inf/meds-4-inf.php)

Decision rationale: Per the product description, the device encompasses multiple transcutaneous electrical therapy modalities, including neuromuscular electrical stimulation (NMES). However, as noted on page 121, of the MTUS Chronic Pain Medical Treatment Guidelines, neuromuscular electrical stimulation (NMES) is not recommended outside of the post stroke rehabilitative context. NMES, thus, is not recommended in the chronic pain context present here. The attending provider, here, however, failed to furnish any compelling applicant-specific rationale which would offset the unfavorable MTUS position on one of the modalities in the device. Since one modality in the device is not recommended, the entire device is not recommended. Therefore, the request is not medically necessary.