

<b>Case Number:</b>	CM15-0111944		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	07/02/2014
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 40 year old male, who sustained an industrial injury on 7/02/2014. Diagnoses include status post left knee arthroscopy with partial meniscectomy. Treatment to date has included surgical intervention (left knee arthroscopy, medial meniscus resection, chondroplasty and synovectomy 12/01/2014), medications and injections. Per the Primary Treating Physician's Interim Report dated 4/02/2015, the injured worker was status post left knee arthroscopy with partial meniscectomy and right thumb pain. He reports temporary relief with the injection given on the last visit. Physical examination of the left knee revealed range of motion 0-125 degrees. There was weakness over the vastus medialis obloquies muscle. There was tenderness over the 1st dorsal compartment of the right thumb with a positive Finkelstein's test. The plan of care included medications and follow up care. Authorization was requested for Percutaneous Electrical Nerve Stimulation (PENS) 4 x 30 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PENS (P-STIM) 4x/30 days:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous electrical nerve stimulation (PENS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulation Page(s): 97. Decision based on Non-MTUS Citation Sator-Katzenschlager SM1, Michalek-Sauberer A. P-Stim auricular electroacupuncture stimulation device for pain relief. Expert Rev Med Devices. 2007 Jan; 4(1): 23-32.

**Decision rationale:** According to MUTUS guidelines, PENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. Furthermore, there is no evidence that the patient failed other non-surgical treatments, including therapeutic exercise and TENS. In addition, there are no large controlled studies supporting the use of P-Stim for chronic and acute pain. The study results were controversial. Therefore, the prescription of PENS (P-STIM) 4x/30 days is not medically necessary.