

<b>Case Number:</b>	CM15-0117288		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	03/15/2014
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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: Preventive Medicine, Occupational 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 64 year old female who sustained an industrial injury on 03/15/2014. There was no mechanism of injury documented. The injured worker was diagnosed with degenerative tricompartmental osteoarthritis right knee and posterior horn, medial and lateral menisci tears. Treatment to date has included diagnostic testing, physical/aquatic therapy, and Hyalgan injection series (last received in April 2014). According to the primary treating physician's progress report on May 11, 2015, the injured worker continues to experience right knee pain rated 7-8/10 on the pain scale. Examination demonstrated positive swelling, positive McMurray's test, positive patello-femoral grind and positive patello-femoral crepitus. There was tenderness to palpation of the medial joint line. Range of motion was noted at 130 degrees flexion and 0 degrees extension. No effusion was evident. Current medications were not documented. Treatment plan consists of an unloader brace for the right knee and the current request for multi-stimulator unit for the right knee, rental for 3 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Multi-Stim Unit for Right Knee Rental for 3 Months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Electrical stimulators.

**Decision rationale:** The ProStim device delivers galvanic stimulation, EMS/NMS, TENS, NMES, and interferential current stimulation (ICS). There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue, shoulder pain, cervical neck pain and knee pain. There are no standardized protocols for the use of interferential therapy; and the therapy may vary according to the frequency of stimulation, the pulse duration, treatment time, and electrode-placement technique. A TENS device is the only recommended treatment. Multi-Stim Unit for Right Knee Rental for 3 Months is not medically necessary.