

<b>Case Number:</b>	CM15-0076639		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	07/19/2014
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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: Ohio, North Carolina, Virginia  
Certification(s)/Specialty: Family Practice

### 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 56 year old male, who sustained an industrial injury on July 19, 2014. The injured worker has been treated for right lower extremity and right foot complaints. The diagnoses have included a right foot crush injury to the soft tissue, right knee medial meniscus tear, right leg abrasion and contusion, anxiety, depression and insomnia. Treatment to date has included medications and radiological studies. Current documentation dated January 27, 2015 notes that the injured worker reported moderate right knee, right leg and right foot pain. Associated symptoms included numbness and tingling. The average pain level was noted to be a five out of ten on the visual analogue scale. The injured workers activity level was noted to be limited due to the pain. Examination of the right knee revealed tenderness of the medial joint line and a normal range of motion. Right lower extremity strength was mildly decreased. Examination of the bilateral ankles revealed a decreased range of motion with planter flexion. The treating physician's plan of care included a request for the purchase of a Solar-Care FIR heating system and the purchase of an X-Force stimulator unit, plus three months' supplies and conductive garments times two.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Solar care FIR heating system for purchase: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Solarcare Infrared Heating System website and Official Disability Guidelines, Knee and Leg chapter, heat/cold packs section.

**Decision rationale:** Per the Official Disability Guidelines, ice massage compared to control had a statistically beneficial effect on ROM, function and knee strength. Cold packs decreased swelling. Hot packs had no beneficial effect on edema compared with placebo or cold application. Ice packs did not affect pain significantly compared to control in patients with knee osteoarthritis. In this instance, the injured worker has persistent pain and swelling to the right ankle and knee following a crush type of injury. The Solar care FIR heating system utilizes infrared heat in a wrap apparatus to deliver heat locally. The cited guidelines do not support resolution of edema with locally applied heat to the knee. Therefore, Solar care FIR heating system for purchase is not medically necessary and appropriate.

**X-force stimulator unit, plus three months' supplies, conductive garment x 2, for purchase:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical stimulation Page(s): 114-116.

**Decision rationale:** Transcutaneous electrical stimulation is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. There has been a recent meta-analysis published that came to a conclusion that there was a significant decrease in pain when electrical nerve stimulation (ENS) of most types was applied to any anatomic location of chronic musculoskeletal pain (back, knee, hip, neck) for any length of treatment. Of the 38 studies used in the analysis, 35 favored ENS over placebo. All locations of pain were included based on the rationale that mechanism, rather than anatomic location of pain, is likely to be a critical factor for therapy. The overall design of this study used questionable methodology and the results require further evaluation before application to specific clinical practice. Chronic intractable pain (for the conditions noted above):- Documentation of pain of at least three months duration- There is evidence that other appropriate pain modalities have been tried(including medication) and failed- A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted- A 2-

lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. In this instance, this appears to be a request for a purchase of a TENS unit. There is no documentation of a previously successful one month trial with a TENS unit. The submitted medical record does not contain a treatment plan with short and long-term goals. Consequently, the requirements for a TENS unit purchase have not been satisfied. Therefore an X-force stimulator unit, plus three months' supplies, conductive garment x 2, for purchase is not medically necessary and appropriate.