

<b>Case Number:</b>	CM14-0148134		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	02/26/2002
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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 Los Angeles County Fire Department (LAFD) employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of June 26, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; earlier knee arthroscopy; thirty two sessions of physical therapy, per the claims administrator; opioid therapy; and topical agents. In a Utilization Review Report dated August 4, 2014, the claims administrator modified a request for a prime dual stimulator TENS unit as a one-month TENS unit rental. The applicant's attorney subsequently appealed. In a July 3, 2014 progress note, the applicant reported multifocal neck, bilateral shoulder, elbow, wrist, hand, low back, and bilateral knee pain reportedly associated with cumulative trauma at work. The applicant also alleged development of heart disease, hypertension, and hearing loss, also reportedly a function of cumulative trauma at work. The applicant was already permanent and stationary, it was acknowledged. The applicant was pending a total knee arthroplasty, it was stated. A prime dual stimulator device was endorsed. The applicant was described as using Ativan, Vicodin, and lidocaine patches. The applicant was off of work, it was acknowledged.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prime dual stimulator TENS unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS chronic pain (transcutaneous nerve stimulation) Page(s): 114-.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation topic.2. Product Description. Page(s): 121.

**Decision rationale:** The prime dual stimulator, based on the product description, appears to represent a dual, combination TENS unit-electrical muscle stimulator (EMS device). Electrical muscle stimulation based on the product description, represents an amalgam of conventional TENS therapy and neuromuscular electrical stimulation (NMES). However, as noted on page 121 of the MTUS Chronic Pain Medical Treatment Guidelines, neuromuscular stimulation is not recommended outside of the poststroke rehabilitating context. Neuromuscular stimulation is specifically not recommended in the chronic pain context reportedly present here. The attending provider did not furnish any compelling applicant-specific rationale which would offset the unfavorable MTUS position on the NMES/EMS component of the request. Since one modality in the device is not recommended, the entire device is not recommended. Therefore, the request is not medically necessary.