

Case Number:	CM14-0173155		
Date Assigned:	10/23/2014	Date of Injury:	04/01/2011
Decision Date:	11/25/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/20/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 65-year-old female with a 4/1/11 date of injury, and right knee arthroscopic medial and lateral meniscectomy on 6/20/14 and left knee arthroscopic meniscectomy on 9/12/14. At the time (9/24/14) of the Decision for post op X-Force Stimulator with supplies, there is documentation of subjective (bilateral knee pain) and objective (tenderness over the medial and lateral joint lines and positive bilateral McMurray's test) findings, current diagnoses (tear of medial cartilage or meniscus of left knee and left knee anterior cruciate ligament tear), and treatment to date (medications and physical therapy).

IMR ISSUES, DECISIONS AND RATIONALES

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

Postop X-Force Stimulator with supplies: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (chapter on the knee and leg); regarding TENS

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) Page(s): 113-117. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:
https://wellcare.com/WCAssets/corporate/assets/HS098_Transcutaneous_Electrical_Joint_Stimulation_for_Tx_of_Arthritis.pdf

Decision rationale: An online search identifies that the X-Force Stimulator utilizes transcutaneous electrical joint stimulation (TEJS) and transcutaneous electrical nerve stimulation (TENS). MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS, as criteria necessary to support the medical necessity of a month trial of a TENS unit. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of how often the unit was used, outcomes in terms of pain relief and function, and other ongoing pain treatment during the trial period (including medication use), as criteria necessary to support the medical necessity of continued TENS unit. Furthermore, Medical Treatment Guidelines identifies that transcutaneous electrical joint stimulation is considered experimental and investigational and is not supported. Therefore, based on guidelines and a review of the evidence, the request for post op X-Force Stimulator with supplies is not medically necessary.