

Case Number:	CM13-0029491		
Date Assigned:	11/01/2013	Date of Injury:	02/16/2012
Decision Date:	02/21/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 physician 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 patient is a 58-year-old female who reported injury on 02/16/2012. The mechanism of injury was stated to be the patient hit her right knee on the corner of a desk. The patient was noted to have bilateral knee pain. The patient was noted to have light touch sensation intact to the left anterior thigh, left lateral ankle and left lateral calf. The physical examination revealed the patient had left knee crepitus, medial joint line tenderness, and swelling. The right knee was noted to have full range of motion. The diagnoses were noted to include right knee tear status post surgery and left knee arthrodesis. The treatment plan was noted to include followup visits to the orthopedist, the pain management doctor, a psych followup, a combo care 4 stim unit, and a hot/cold contrast unit with contrast compression pad.

IMR ISSUES, DECISIONS AND RATIONALES

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

A ComboCare 4 stimulator unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, NMEs, , Interferential Current Stimulation Page(s): 115-116, 121, 118. Decision based on Non-MTUS Citation <http://www.abrexis.com/electrotherapy/combo-care-4>

Decision rationale: California MTUS recommends a one month trial of a TENS unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. They do not recommend Neuromuscular electrical stimulation (NMES devices) as there is no evidence to support its' use in chronic pain. They do not recommend Interferential Current Stimulation (ICS) as an isolated intervention. Per Abrexix.com the Combo Care 4 stim unit includes, TENS, NMES/EMS, ISC and syncope therapies into one unit. The clinical documentation submitted for review failed to provide the rationale for the requested service. Additionally, it failed to provide the patient would be using the unit as an adjunct to other therapy and it failed to provide documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for 1 combo care 4 stim unit is not medically necessary.

A hot/cold contrast unit with contrast compression pad: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337.

Decision rationale: ACOEM Guidelines indicate that at home local applications of cold packs are necessary in the first few days of acute complaints and thereafter applications of heat packs. The clinical documentation submitted for review failed to provide rationale for the requested unit. Additionally, it failed to provide documentation for the necessity for a hot/cold contrast unit versus at home application of cold packs or heat packs. Given the above, the request for 1 Hot/Cold Contrast Unit with contrast compression Pad is not medically necessary.

A psychiatric follow up: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Stress & Mental Illness Chapter, Office Visits.

Decision rationale: Official Disability Guidelines recommend the need for a clinical office visit with a health care provider is individualized based on a review of the patient's concerns, signs and symptoms, clinical stability and reasonable physician judgement. The clinical documentation submitted for review indicated the patient would be seen for anxiety and headaches. However, there was a lack of documentation of signs or symptomatology to indicate the necessity for the visit. Given the above, the request for 1 psyche followup is not medically necessary.

A pain medicine follow up: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines from the State of Colorado.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, Office Visits

Decision rationale: Official Disability Guidelines indicate the need for a clinical office visit with a health care provider is individualized based upon the review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgement. Additionally, the determination is based on what medications the patient is taking since some medications such as opiates require close monitoring. The clinical documentation submitted for review failed to provide the medications the patient was currently taking and failed to provide the rationale and/or necessity for a pain medicine follow up. Given the above, the request for 1 pain medicine followup is not medically necessary.

An orthopedics follow up: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288 & 305.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & Leg Chapter, Office Visits

Decision rationale: Official Disability Guidelines indicate the need for a clinical office visit with a health care provider is individualized based on a review of the patient's concerns, signs and symptoms, clinical stability and reasonable physician judgement. The patient's physical examination revealed they had pain, left knee crepitus and swelling as well as medial joint line tenderness. However, there was a lack of documentation per the submitted request what type of specialist visit was being requested. Given the above and the lack of documentation, the request for 1 orthopedist followup is not medically necessary.