

Case Number:	CM13-0035832		
Date Assigned:	02/20/2014	Date of Injury:	11/19/2011
Decision Date:	08/11/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/18/2013

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 Physical Medicine & Rehabilitation 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 injured worker is a 58-year-old male who reported an injury on 11/19/2011. The mechanism of injury was not provided for clinical review. The diagnoses included low back pain, left knee pain, probable medial meniscal tear, left knee sprain, history of right knee arthroplasty, and lumbosacral strain. Previous treatments included an MRI, x-rays, medication, and injections. The clinical note dated 09/03/2013 reported the provider requested a home TENS unit to increase and maintain range of motion and reduce muscle spasms and muscle swelling. A request for authorization was submitted and dated on 09/03/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME TENS UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1015-1017.

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

Decision rationale: California MTUS Guidelines do not recommend a TENS unit as a primary treatment modality. A 1 month home based TENS trial may be considered a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration.

There is evidence that other appropriate pain modalities have been tried, including medication, and failed. The result of the studies are inconclusive. The clinical documentation submitted for review fails to indicate subjective or objective findings. The provider's rationale was not submitted for clinical review. There is a lack of documentation indicating significant deficits on the physical exam. The request submitted failed to provide if the provider requested rental or purchase of the TENS unit. Therefore, the request for home tens unit is not medically necessary and appropriate..

CRUTCHES: 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 Knee, Durable medical equipment (DME).

Decision rationale: The Official Disability Guidelines recommend durable medical equipment generally if there is a medical need and if the device or system meets Medicare definitions of durable medical equipment. The Guidelines note durable medical equipment is recommended if it can withstand repeated use, could normally be rented and used by successive patients, is primarily and customarily used to serve a medical purpose, is generally not useful to a person in the absence of illness or injury, and is appropriate for use in the patient's home. The clinical documentation submitted lacked significant objective and subjective findings. There is a lack of documentation warranting the medical necessity of the request. Therefore, the request for crutches is not medically necessary and appropriate.

KNEE CPM (SIX (6) WEEKS RENTAL): 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 Non-MTUS Official Disability Guidelines (ODG), Knee, Durable medical equipment (DME).

Decision rationale: The Official Disability Guidelines recommend durable medical equipment generally if there is a medical need and if the device or system meets Medicare definitions of durable medical equipment. The Guidelines note durable medical equipment is recommended if it can withstand repeated use, could normally be rented and used by successive patients, is primarily and customarily used to serve a medical purpose, is generally not useful to a person in the absence of illness or injury, and is appropriate for use in the patient's home. The clinical documentation submitted lacked significant objective and subjective findings. There is a lack of documentation warranting the medical necessity of the request. Therefore, the request for crutches is not medically necessary and appropriate.

COLD THERAPY UNIT WITH PAD AND STRAPS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1015-1017.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee, Continuous flow cryotherapy.

Decision rationale: The Official Disability Guidelines note continuous flow cryotherapy is recommended as an option after surgery but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In postoperative settings, continuous flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries has not been fully evaluated. There is a lack of documentation indicating the injured worker has undergone or is scheduled to undergo surgery. There is a significant lack of documentation of subjective and objective findings. The request submitted failed to provide whether the provider indicated the injured worker to rent or purchase the cold therapy unit. Therefore, the request for cold therapy unit with pad and straps is not medically necessary and appropriate.