

Case Number:	CM13-0036874		
Date Assigned:	12/13/2013	Date of Injury:	08/17/2009
Decision Date:	02/24/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/21/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 57-year-old male who reported a work related injury on 8/17/09, specific mechanism of injury not stated. The patient presented status post a total left knee arthroplasty as of 1/23/13. The clinical note dated 5/29/13 reports the patient was seen under the care of [REDACTED]. The provider documented the patient was seen in clinic postoperative to the left knee arthroplasty performed in January. The provider documented left knee flexion was at 100 degrees, extension at 178. The provider documented 5/5 motor strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for an x-force stimulator: Overturned

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

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

Decision rationale: The clinical documentation submitted for review reported that the patient utilized a course of postoperative physical therapy and Norco for pain complaints about the left knee. The clinical notes evidenced the patient's condition was improving. The clinical notes

failed to document the patient utilized the requested durable medical equipment in a trial to evidence reports of efficacy, as noted by a decrease in rate of pain and increase in objective functionality, prior to purchase of the unit, as recommended via the California MTUS Guidelines. The California MTUS indicates 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. Given the above, the request for an x-force stimulator is not medically necessary or appropriate.

The request for the three replacement batteries: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

The request for one conductive garment: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.