MAXIMUS Federal Services

Case Number:	CM13-0040181		
Date Assigned:	12/20/2013	Date of Injury:	10/05/2011
Decision Date:	05/16/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/09/2013

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 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 patient is a 44 year-old male with date of injury 10/05/2011. An initial orthopedic surgical specialist's consultation, dated 7/25/2013, lists subjective complaints as pain in the right knee. Examination of the right knee revealed range of motion about 10 degrees to about 110. He Final Determination Letter for IMR Case Number CM13-0040181 3 lacked full extension. There was 2+ effusion and diffuse tenderness mostly in all three compartments. There was crepitation also in all three compartments. Knee was stable with some limitation in patellofemoral joint. Diagnosis was osteoathritis. According to previous records, the patient had recently had a series of three hyluronic acid injections into the right knee, and a right knee arthroscopy for meniscectomy and a subsequent post-operative infection of the joint in 2009. There is no record of recent surgery. There is no record of a trial of a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOLACE MULTI STIM UNIT FOR 5 MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTROTHERAPY Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 115-118.

Decision rationale: The MTUS guidelines recommend purchase or long-term rental of a TENS unit only after a 30-day trial to evaluate effectiveness and does not recommend the use of inferential or neuromuscular stimulation. There is no record that the patient has had a trial of a TENS unit; in addition, the Solace Multi Stim unit utilizes three types of electrical stimulation: TENS, inferential, and neuromuscular stimulation. Due to lack of documentation of a one month trial of TENS therapy and the presence of guideline recommendations against two treatment modalities employed by the requested unit, the request is not medically necessary.

ELECTRODES #8 PAIRS/MONTH FOR 5 MONTHS: 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 item is not medically necessary, none of the associated items are medically necessary.

LEADWIRES #2 A4557: 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 item is not medically necessary, none of the associated items are medically necessary.

ADAPTER A9900: 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 item is not medically necessary, none of the associated items are medically necessary.