

Case Number:	CM13-0041474		
Date Assigned:	12/20/2013	Date of Injury:	06/01/2012
Decision Date:	07/07/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/15/2013

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 & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Minnesota. 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 injured worker is a 51-year-old female who reported injury on 06/01/2012. The mechanism of injury was the injured worker lifted two buckets of watermelon weighing approximately 20 pounds each and struck her right knee on the edge of a park table causing her to lose her balance. Prior treatments included physical therapy and bilateral knee arthroscopies. The documentation of 09/13/2013 revealed the injured worker had decreased range of motion in the knee. The injured worker had tenderness to palpation over the medial joint line, lateral joint line, and parapatellar region. There was patellofemoral crepitus bilaterally with passive ranging. Sensation to pinprick and light touch in the right lower extremity was decreased over the right lateral patella. The diagnoses included status post right knee arthroscopy with subsequent right knee revision with residual sprain/strain and patellofemoral arthralgia, status post left knee arthroscopy with residual sprain, patellofemoral arthralgia and moderate to severe medial compartment osteoarthritis and bilateral foot plantar fasciitis. The treatment plan included acupuncture 2 times a week for 3 weeks for pain management, OrthoStim4 to decrease pain and increase range of motion and ability to perform activities of daily living, BioniCare system for the left knee, and Synvisc for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 ORTHOSTIM 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, NMES, INTERFERENTIAL CURRENT STIMULATION, GALVANIC STIMULATION.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, page 114 - 116, NMES, page 121, Interferential Current Stimulation, page 118, Galvanic Stimulation Page(s): 114-116, 121, 118, 117.

Decision rationale: The 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 their use in chronic pain. They do not recommend Interferential Current Stimulation (ICS) as an isolated intervention. Galvanic Stimulation is not recommended. There was a lack of documentation indicating exceptional factors to warrant non-adherence to guideline recommendations. The request as submitted failed to indicate whether the unit was for rental or purchase. Given the above, the request for 1 OrthoStim4 is not medically necessary.