

Case Number:	CM13-0042498		
Date Assigned:	12/27/2013	Date of Injury:	09/02/2008
Decision Date:	04/24/2014	UR Denial Date:	10/14/2013
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 and Rehabilitation, has a subspecialty in Interventional Spine, 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 49 year old female with date of injury of 8/2/08. The treating physician report dated 10/1/13 indicates that the patient has pain affecting the shoulders, wrists, and left knee. The current diagnoses are cervical sprain/strain, left shoulder strain status post arthroscopy on 10/12/11, left elbow strain/sprain, left foot/ankle sprain/strain, and chondromalacia patella status post arthroscopy, debridement, and medial meniscectomy on 12/28/12.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHOTICS TO IMPROVE AMBULATION AND RELIEVE KNEE PRESSURE, QTY:

1.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

Decision rationale: The patient presents with chronic left knee pain status post surgery performed on 12/28/12. The left knee MRI report dated 12/15/08 indicates a subtle oblique linear signal through the posterior horn of the medial meniscus. The 12/28/12 operative report

indicates there is a stage IV lesion of the medial femoral condyle 12mm x 22mm, a small tear of the medial meniscus, and Stage II-III chondromalacia patella. The treating physician has documented that the patient has osteoarthritis affecting the left knee. The MTUS guidelines do not address orthotics for osteoarthritis of the knee. The Official Disability Guidelines do recommend footwear for the treatment of osteoarthritis of the knee. The ODG states that insoles and footwear offer great potential as simple, inexpensive treatment strategies for knee osteoarthritis and that specialized footwear can effectively reduce joint loads in subjects with knee osteoarthritis, compared with self-chosen shoes and control walking shoes. The request is certified.

TENS UNIT, QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

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

Decision rationale: The patient presents with chronic pain affecting the shoulders, wrists, and left knee. The treating physician report dated 10/1/13 requests authorization for a TENS unit for home usage in conjunction with a home exercise program. The MTUS guidelines state that TENS is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. The limited information provided by the treating physician does not document if the patient has had a one month trial or not. The current request is outside of what the guidelines recommend. The request is noncertified.