MAXIMUS Federal Services

Case Number:	CM13-0049695		
Date Assigned:	12/27/2013	Date of Injury:	05/09/2012
Decision Date:	06/11/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/08/2013

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 Orthopedic Surgery and is licensed to practice in California, Oklahoma, Texas, and Tennessee. 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 43 year old male whose date of injury is 05/09/2012. Progress report dated 08/13/13 indicates that since last being evaluated on 01/03/10 he has experienced episodic flare-ups in his knee complaints which he has typically been able to self-manage with a home exercise program including home electrical muscle stimulation unit. The patient denies any new or subsequent injuries. The patient reports that his stimulation unit began to malfunction approximately 3 weeks prior and is not working at all. The patient is working his usual and customary work duties. Physical examination of the right knee revealed portal scars consistent with the patient's prior arthroscopy on 07/22/09. The knee is stable to varus and valgus, Lachman's and drawer testing. McMurray's test elicits complaints of diffuse right knee pain only. There is patellofemoral crepitus. Range of motion is 0-120 degrees. Strength is rated as 4/5 in flexion and extension of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

COLD THERAPY UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, KNEE AND LEG CHAPTER, CONTINUOUS-FLOW CRYOTHERAPY SECTION.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) KNEE, CONTINUOUS-FLOW CRYOTHERAPY.

Decision rationale: The Official Disability Guidelines note that continuous flow crytotherapy is recommended as an option after surgery, but not for nonsurgical treatment. The patient underwent surgery to the knee in July 2009. Therefore, current evidence based guidelines do not support cold therapy unit for the patient's current condition. Based on the clinical information provided, the request for cold therapy unit is not recommended as medically necessary.

ORTHOSTIM4 UNIT WITH SUPPLIES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NEUROMUSCULAR ELECTRICAL STIMULATION, (NMES) DEVICES. Decision based on Non-MTUS Citation ODG PAIN CHAPTER, INTERFERENTIAL CURRENT THERAPY (IFC) SECTION; ODG-TWC, ODG TREATMENT, INTEGRATED TREATMENT/DISABILITY DURATION GUIDELINES, PAIN (CHRONIC), NEUROMUSCULAR ELECTRICAL STIMULATION, (NMES) DEVICES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTROTHERAPY Page(s): 114-117.

Decision rationale: Based on the clinical information provided, the request for Orthostim4 unit with supplies is not recommended as medically necessary. The submitted records indicate that the patient had a previous stimulation unit which has malfunctioned and is no longer working. The patient's objective functional response to the unit is not documented to establish efficacy of treatment. There is no clear rationale provided to support the unit at this time.