

Case Number:	CM13-0052395		
Date Assigned:	12/27/2013	Date of Injury:	01/21/2012
Decision Date:	05/21/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/15/2013

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 has submitted a claim for right knee pain with an industrial injury date of January 21, 2012. Treatment to date has included medications, aquatic therapy, and home exercises. Medical records from 2012 through 2013 were reviewed, which showed that the patient complained of right knee pain with popping and clicking and low back pain. On physical examination, there was tenderness in the medial joint line and peripatellar area of the right knee. There was also crepitations noted and McMurray's was positive. Lumbosacral exam showed tender paraspinal muscles. The rest of the examination findings were unreadable due to illegible handwriting. The patient is scheduled for right knee surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

STERILE FOAM ELECTRODES 1 PACK: 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/services are medically necessary.

NON-STERILE 2" ROUND ELEC 3 PACKS: 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/services are medically necessary.

TT AND SS LEAD WIRE-1: 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/services are medically necessary.

POWER PACK- 12: 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/services are medically necessary.

ADHESIVE REMOVER TOWEL MINT- 16: 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/services are medically necessary.

TECH FEE: 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/services are medically necessary.

COLD THERAPY UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1015-1017.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter.

Decision rationale: CA MTUS does not specifically address continuous-flow cryotherapy; however, the Official Disability Guidelines recommend continuous-flow cryotherapy as an option after surgery, but not for non-surgical treatment. Postoperative use generally may be up to 7 days, including home use. In this case, the request did not indicate the duration of rental or whether the request is for a purchase. Furthermore, there was no discussion if cold therapy will be used post-operatively or as non-surgical treatment. The guidelines criteria have not been met; therefore, the request for cold therapy unit is not medically necessary.

INTERFERENTIAL UNIT 1 MONTH RENTAL: Upheld

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

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

Decision rationale: According the Chronic Pain Medical Treatment Guidelines, interferential current stimulation is not recommended as an isolated intervention. However a one-month trial may be appropriate when pain is ineffectively controlled due to diminished effectiveness of medications or due to side effects; or history of substance abuse; or significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy; or unresponsive to conservative measures. In this case, there was no discussion regarding diminished effectiveness of medications or history of substance abuse. The records also did not show that the patient already underwent surgery which has limited the patient's ability to perform exercises. Unresponsiveness to conservative management was also not documented. The criteria have not been met; therefore, the request for interferential unit 1 month rental is not medically necessary.