

Case Number:	CM13-0052604		
Date Assigned:	12/30/2013	Date of Injury:	11/25/2010
Decision Date:	03/14/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/15/2013

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 Family Practice 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 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 patient is a 42-year-old female who reported an injury on November 25, 2010. The mechanism of injury was not specifically stated. The patient is diagnosed with a tear of cartilage or meniscus of the knee, chondromalacia patella, derangement of medial meniscus, carpal tunnel syndrome, cervical sprain/strain, and sprain and strain of the thoracic region. The patient was seen by [REDACTED] on September 11, 2013. The patient reported ongoing knee pain. Physical examination was not provided. Treatment recommendations included a home exercise kit, an X-force stimulator unit, and a heat unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

one (1) home exercise kit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Durable Medical Equipment, Home Exercise Kits

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a number of treatment options are available to the clinician treating acute and subacute knee pain including instruction in home exercise. Instruction in proper exercise technique is important and a few

visits to a physical therapist can serve to educate the patient about an effective exercise program. The Official Disability Guidelines state home exercise kits are recommended as an option where home exercise programs are recommended. According to the documentation submitted, the patient actively participates in a home exercise program. Therefore, the medical necessity for the requested home exercise kit has not been established. As such, the request is non-certified.

one (1) X-Force stimulator device: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy; and the ODG guidelines Neuromuscula.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 117-121.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a one (1) month home-based transcutaneous electrical nerve stimulation (TENS) trial may be considered as a non-invasive conservative option. There is no evidence that other appropriate pain modalities have been tried and failed. There is also no documentation of a treatment plan including the specific short-term and long-term goals of treatment with the unit. There is also no evidence of a successful one (1) month trial period prior to the request for a stimulator purchase. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

one (1) Heat unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ODG-TWC; ODG Treatment: Integrated Treatment/Disability Duration Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state patients' at-home applications of heat or cold packs may be used before or after exercises and are as effective as those performed by therapists. As per the documentation submitted, there was no evidence of physical examination on the requesting date of September 11, 2013. There is also no documentation as to why this patient would not benefit from at-home local applications of heat or cold packs as recommended by the California MTUS/ACOEM Practice Guidelines. Based on the clinical information received, the request is non-certified.