MAXIMUS Federal Services

Case Number:	CM13-0053223		
Date Assigned:	12/30/2013	Date of Injury:	09/07/2011
Decision Date:	03/13/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/18/2013

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 Texas. 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 30-year-old male who reported an injury on 09/07/201. The mechanism of injury is not specifically stated. The patient is currently diagnosed with chondromalacia patella. The only physician progress report submitted for this review is documented on 04/26/2013 by [redacted]. The patient reported persistent pain and limited range of motion of the left knee. Physical examination only revealed 120 degrees left knee flexion. Treatment recommendations included physical therapy to the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) shipping between 11/8/13 and 12/23/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints; Knee Complaints.

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

Decision rationale: The California MTUS Guidelines state interferential stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments. Neuromuscular electrical stimulation is not recommended. Transcutaneous electrotherapy is not recommended as a primary treatment

modality, but a 1 month home based TENS trial may be considered as a non-invasive conservative option. There was no physician progress report submitted on the requesting date of 11/05/2013. Therefore, the exact type of equipment the provider is requesting for shipping is unknown. Documentation of this patient's active participation in a functional rehabilitation program to be used in conjunction with an electrical stimulation device was not provided. The medical necessity for the requested equipment and shipping has not been established. Therefore, the request for 1 shipping between 11/8/13 and 12/23/13 is non-certified.

Two (2) lead wires between 11/8/13 and 2/8/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints; Knee Complaints.

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

Decision rationale: The California MTUS Guidelines state interferential stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments. Neuromuscular electrical stimulation is not recommended. Transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month home based TENS trial may be considered as a non-invasive conservative option. There was no physician progress report submitted on the requesting date of 11/05/2013. Therefore, the exact type of equipment the provider is requesting is unknown. Documentation of this patient's active participation in a functional rehabilitation program to be used in conjunction with an electrical stimulation device was not provided. The medical necessity for the requested equipment and shipping has not been established. Therefore, the request for 2 lead wires between 11/8/13 and 2/8/14 is non-certified.