

Case Number:	CM13-0060425		
Date Assigned:	12/30/2013	Date of Injury:	10/06/2011
Decision Date:	04/30/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/03/2013

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, 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:

This patient sustained an injury on 10/6/11 while employed by [REDACTED]. Request under consideration include [REDACTED] TruWave device and three times six months supplies. Report of 9/23/13 from the provider noted the patient with bilateral knee symptoms s/p right knee arthroscopy without significant help. Left knee pain has increased. Exam of the right knee showed range of 0-120 degrees; positive McMurray's; no instability; 5-/5 motor strength in quads and 5/5 in hamstrings; left knee with 5-100 degrees; positive McMurray's and crepitus. Magnetic resonance imaging (MRI) showed meniscus tear and degenerative changes in both knees. Agreed Medical Evaluator recommended left knee arthroscopy. Diagnoses include s/p right knee partial medial meniscectomy/chondroplasty of patella on 1/26/12, with residual right Degenerative Joint Disease /chondromalacia; left knee Degenerative Joint Disease /chondromalacia patella; history of ulcer. Recommendation included left knee cortisone injection without any mention for durable medical equipment. [REDACTED] device appears to be a combination electrical stimulation unit combining interferential stimulation, TENS and neuromuscular electric stimulator. Request for [REDACTED] TruWave device and three times six months supplies were non-certified on 11/18/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZYNEZ TRUWAVE PLUS AND SUPPLIES X 3-6 MOS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines INTERFERENTIAL CURRENT STIMULATION, NEUROMUSCULAR ELECTRICAL STIMU.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTROTHERAPY Page(s): 115-118.

Decision rationale: This patient sustained an injury on 10/6/11 while employed by [REDACTED]. Request under consideration include [REDACTED] Tru Wave device and three times six months supplies. Report of 9/23/13 from the provider noted the patient with bilateral knee symptoms s/p right knee arthroscopy without significant help. Left knee pain has increased. Exam of the right knee showed range of 0-120 degrees; positive McMurray's; no instability; 5-/5 motor strength in quads and 5/5 in hamstrings; left knee with 5-100 degrees; positive McMurray's and crepitus. Magnetic resonance imaging (MRI) showed meniscus tear and degenerative changes in both knees. Agreed Medical Evaluator recommended left knee arthroscopy. Diagnoses include s/p right knee partial medial meniscectomy/chondroplasty of patella on 1/26/12, with residual right Degenerative Joint Disease /chondromalacia; left knee Degenerative Joint Disease /chondromalacia patella; history of ulcer. Recommendation included left knee cortisone injection without any mention for durable medical equipment. [REDACTED] device appears to be a combination electrical stimulation unit combining interferential stimulation, TENS and neuromuscular electric stimulator. The California Medical Treatment utilization Schedule (MTUS) guidelines recommend a one-month rental trial of TENS unit to be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function; however, there are no documented failed trial of TENS unit or functional improvement such as increased (ADLs) Activities of Daily Living, decreased medication dosage, increased pain relief or improved work status derived from any transcutaneous electrotherapy to warrant the interferential Tru Wave Plus unit purchase/rental with 3-6 months supplies for this 2011 injury. [REDACTED] Tru Wave device and three times six months supplies is not medically necessary and appropriate.