

Case Number:	CM13-0064544		
Date Assigned:	01/03/2014	Date of Injury:	12/13/2012
Decision Date:	05/16/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/12/2013

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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 injured worker is a 64-year-old female who reported an injury on 12/13/2012. The mechanism of injury was not provided. The documentation of 07/23/2013 revealed the injured worker had been treated with pain medications, NSAIDs, and physical therapy as well as knee supports and a cortisone injection. The injured worker had crepitus on the left knee with no effusion or no obvious gross deformity or malalignment. The injured worker had positive tenderness in the patellofemoral compression left greater than right. Sensation was intact to light touch and pinprick in all dermatomes of the bilateral lower extremities. The diagnoses included right knee patellofemoral crepitus and pain, and left knee patellofemoral chondromalacia and arthritis. The request was made for a [REDACTED] NexWave and supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] NEXWAVE AND SUPPLIES FOR 3-6 MONTHS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, NMES, Interferential Current Stimulation, Page(s): 115-116,118,121.

Decision rationale: California MTUS recommends a one month trial of a TENS unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial, there must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. They do not recommend neuromuscular electrical stimulation (NMES devices) as there is no evidence to support its use in chronic pain. They do not recommend Interferential Current Stimulation (ICS) as an isolated intervention. The clinical documentation submitted for review failed to indicate the necessity for the multiple therapy device. There was a lack of documentation of exceptional factors to warrant non-adherence to Guideline recommendations. The request as submitted failed to indicate whether the unit was for purchase or rental. Given the above, the request for [REDACTED] NexWave and supplies for 3-6 months is not medically necessary.