

Case Number:	CM13-0071086		
Date Assigned:	01/08/2014	Date of Injury:	09/22/2004
Decision Date:	04/21/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/26/2013

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 Pain Management, has a subspecialty in Interventional Spine 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 is a 59 year-old male with a date of injury 09/22/2004. The listed diagnoses per [REDACTED] are: 1. Right shoulder sprain/strain 2. Status post left knee arthroscopic surgery with lateral meniscectomy, chondroplasty, microfracture of the medial lateral femoral condyle and synovectomy (2009) 3. Bilateral knee chondromalacia 4. Bilateral knee internal derangement 5. Right knee medial meniscus tear 6. Left trochanteric bursitis 7. Lumbar strain/sprain 8. Lumbar spine discopathy According to report dated 10/08/2013 by [REDACTED], the patient presents with bilateral knee and right shoulder pain. He is also experiencing a new onset of neck pain. Examination of the right shoulder revealed tenderness to palpation of the acromioclavicular joint. Patient does have flexion of 140 degrees. He also has audible crepitation with overhead extension. Examination of the right knee revealed tenderness to palpation of the medial and lateral joint lines, as well as over the patellar tendon. The patient has crepitus with flexion and extension of the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Pro-OTS hinged knee brace: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 30.

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

Decision rationale: This patient presents with bilateral knee and right shoulder pain. The treater is requesting a knee brace with hinges to help provide him with medial and lateral right knee support. The ACOEM and MTUS do not discuss knee brace. ODG guidelines does recommended knee brace for the following conditions: "knee instability, ligament insufficient, reconstructed ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental OA or tibial plateau fracture." ODG further states, "there are no high quality studies that support or refute the benefits of knee braces for patellar instability, Anterior Cruciate Ligament (ACL) tear, or Medial Collateral Ligament (MCL) instability, but in some patients a knee brace can increase confidence, which may indirectly help with the healing process. In all cases, braces need to be used in conjunction with a rehabilitation program and are necessary only if the patient is going to be stressing the knee under load." The treater in an appeal letter dated 10/27/2013 argues that "the brace will allow the patient to be mobile while supporting his right knee and will let him accomplish his actives of daily living and still be functional." He further states, the brace will "serve as a prophylactic treatment." In this case, the patient presents with tenderness of the knee with audible crepitus with flexion and extension." This patient did have meniscal cartilage repair and continues to be symptomatic. ODG guidelines support the use of knee brace in this situation. Recommendation is for authorization.

1 Pro-Stim 5.0 unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS), Transcutaneous electrica.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

Decision rationale: This patient presents with bilateral knee and right shoulder pain. The treater is requesting a Pro-Stim 5.0 unit. The ACOEM, MTUS and ODG guidelines does not specifically discuss the pro-stim 5.0 unit. Pro-stim is a nerve stimulation device that includes TENS, NMS and Interferential unit. The Utilization review dated 12/17/2013 denied the request stating the neuromuscular electrical stimulation aspect of this device is not supported by MTUS. The treater in an appeal letter dated 12/27/2013 argues that "NMES devices are used to prevent or retard disuse atrophy, relax muscle spasms, increase blood circulation, maintain or increase range-of-motion and re-educate muscles." In this case, the treater is correct in quoting MTUS on NMES. However, this is the case only when the device is used in adjunct to a rehabilitation program following a stroke. MTUS is clear that "there is no evidence to support its use in chronic pain." This medical device is not indicated for this patient. Recommendation is for denial.

3 Month of supplies for Pro-Stim 5.0 unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS), Transcutaneous electrical.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

Decision rationale: The treater is requesting a 3 month supply for the Pro-Stim unit. The requested supplies for the pro stim unit would appear appropriate if the MTUS criteria for the use of the pro-stim unit were met. The requested supplies for the unit are not medically necessary as the documentation do not support the use of the device. Recommendation is for denial.