

Case Number:	CM14-0002313		
Date Assigned:	01/24/2014	Date of Injury:	10/26/2011
Decision Date:	06/09/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/07/2014

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 Orthopedic Surgery 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 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 reported an injury on October 26, 2011. The mechanism of injury was unclear in the clinical documentation provided. The clinical note dated December 04, 2013 reported the injured worker complained of the patella of her left knee had been subluxed a number of times although she had been wearing her brace and participated in physical therapy. The physical exam noted a well-developed female who had patellar instability of the left knee with positive apprehension. The injured worker had diagnoses of clinical and radiographic evidence of marked patellofemoral malalignment of the left knee. The injured worker underwent an MRI on November 18, 2013, which noted a full thickness chondrosis fissuring involving the median ridge of the patella as well as the medial trochlea. The provider noted the injured worker had diagnostic and operative arthroscopy of the left knee with patellar stabilization. The provider requested for an electrical stimulator unit. The request for authorization was provided in the clinical documents and dated December 12, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTRICAL STIMULATOR UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): (s) 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tens
Page(s): (s) 114-116.

Decision rationale: The injured worker complained of the patella of her left knee had been subluxed a number of times although she had been wearing her brace and participated in physical therapy. The California guidelines recommend documentation of pain of at least three months duration, with evidence that that other appropriate pain modalities have been tried (including medication) and failed. The guidelines also note a one month trial period of the TENS unit should be documented with how often the unit was used, as well as outcomes in terms of pain relief and function. The clinical information submitted had a lack of documetation of a previous 30 day trial, also lack of documentation of medication therapy used or failed. The request for electrical stimulator unit did not meet the guidelines. Therefore, the request for electrical stimulator unit is not medically necessary and appropriate.