

Case Number:	CM14-0003409		
Date Assigned:	01/31/2014	Date of Injury:	03/16/2011
Decision Date:	06/20/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	01/09/2014

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 Physical Medicine & Rehabilitation 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 is a 26 year old female with a reported date of injury on 03/06/2011. The mechanism of injury occurred when she was crawling while performing her duties and sustained injury to her knee. An operative report dated 08/08/2013 noted an arthroscopy of the left knee, partial medial meniscectomy, chondroplasty of medial femoral condyle and medial tibial plateau, lateral aspect of the patella and lateral release. The progress note dated 01/09/2014 reported the injured worker continued with left knee pain following arthroscopy and debridement. The injured worker claimed the pain felt worse than before the surgery. The progress note also reported a mild to moderate limp favoring the left lower extremity and crepitus with flexion and extension of the knee over the patella. The injured worker denies radicular symptoms, burning pain, or numbness/tingling in the leg. The request for authorization form dated 08/07/2013 for a conductive garment x2 due to knee pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME; CONDUCTIVE GARMENTS; 2 UNITS FOR LEFT KNEE: 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 Page(s): 114-116.

Decision rationale: The conductive garment request is a part of a TENS unit request not submitted. The California Chronic Pain Medical Treatment guidelines recommend a TENS unit as a treatment options for acute post-operative pain in the first 30 days post-surgery. The TENS appears to be most effective for mild to moderate thoracotomy pain and less effective or not at all for other orthopedic procedures. A form-fitted TENS device is only considered medically necessary when there is documentation that there is such a large area that requires stimulation that a conventional system cannot accommodate the treatment. The conductive garment is to be used over the knee and the guidelines the TENS unit has less effectiveness on the knee. The injured worker had surgery over 6 months ago and the guidelines also recommend the TENS as acute post-operative pain treatment (first 30 days). Therefore, the request is not medically necessary.