

Case Number:	CM14-0003569		
Date Assigned:	01/31/2014	Date of Injury:	09/24/2011
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 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 41 year old female who reported an injury occurring from 12/2010 to 09/24/2011 secondary to continuous trauma. She was diagnosed with a medial meniscus tear and chondromalacia, and she underwent a right arthroscopic partial medial meniscectomy and chondroplasty of the medial femoral condyle and patella on 07/11/2013. A request for authorization was submitted for an X-force stimulator unit rental x 30 days for the right knee with supplies and conductive garments, as well as the purchase of a Q-tech cold therapy recovery system with wrap. The request for authorization for the above named durable medical equipment specified 07/11/2013 as the date of service. The documentation submitted for review failed to provide a request for authorization form.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-FORCE STIMULATOR UNIT RENTAL x 30 DAYS FOR THE RIGHT KNEE FOR DOS 7/11/2013: 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): 116-117.

Decision rationale: X-force Stimulator is a product that supplies both transcutaneous electrical nerve stimulation (TENS) and transcutaneous electrical joint stimulation (TEJS). California MTUS Guidelines recommend transcutaneous electrical nerve stimulation (TENS) as a treatment option for acute post-operative pain in the first 30 days post-surgery. Rental would be preferred over purchase during this 30-day period. The injured worker underwent a right arthroscopic knee surgery on 07/11/2013. The request for rental of an X-force stimulator specifies the date of service as 07/11/2013. However, there are no exceptional factors documented to indicate that the injured worker would benefit from a dual therapy unit as opposed to a traditional TENS unit. As such, the request for an X-force Stimulator unit rental is not medically necessary.

SUPPLIES (X-FORCE STIMULATOR) FOR DOS 7/11/2013: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , TENS, POST OPERATIVE PAIN (TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION), 116-117

Decision rationale: Since the primary item is not medically necessary, none of the associated items are medically necessary.

CONDUCTIVE GARMENTS PURCHASE FOR DOS 7/11/2013: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , TENS, POST OPERATIVE PAIN (TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION), 116-117

Decision rationale: Since the primary item is not medically necessary, none of the associated items are medically necessary.

Q-TECH COLD THERAPY RECOVERY SYSTEM WITH WRAP PURCHASE FOR DOS 7/11/2013: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee Chapter, Continuous-Flow Cryotherapy.

Decision rationale: Official Disability Guidelines recommend continuous-flow cryotherapy in the postoperative management of knee surgery for up to 7 postoperative days. The request as written does not specify whether the durable medical equipment is desired for purchase or rental. If it is requested for rental, the request does not specify the duration of the rental. As such, the request for Q-tech cold therapy recovery system with wrap is not medically necessary.