

Case Number:	CM14-0105845		
Date Assigned:	08/01/2014	Date of Injury:	01/24/2001
Decision Date:	08/29/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/09/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 56 year old male was reportedly injured on 1/24/2001. The mechanism of injury is noted as a left knee injury while lifting or holding a box. The most recent progress notes dated 6/16/2014 and 7/11/2014 indicate that there are ongoing complaints of left knee pain. Physical examination demonstrated tenderness to the knee with restricted range of motion; and intact sensation. No recent imaging studies available for review. Diagnosis documented as derangement of knee. Previous treatment includes left knee surgery, cortisone injections, Synvisc injections and Norco. A request was made for X Force Stimulator Unit with supplies and conductive garments for three months on 6/4/2014, which was not certified in the utilization review on 6/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

X Force Stimulator Unit with supplies and conductive garments 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Trancutaneous Electrical Nerve Stimulation) unit.

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines do not recommend transcutaneous electrical nerve stimulation as a primary treatment modality. Given the safety, efficacy and long term outcomes or risks are unavailable; the X Force Stimulator Unit is considered an experimental treatment and cannot be considered medically necessary.

Q Tech DVT prevention system x21 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (knee).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG -TWC/ODG Integrated Treatment/Disability Duration Guidelines; Knee & Leg (Acute & Chronic) - Compression Garments (updated 05/14).

Decision rationale: The Official Disability Guidelines (ODG) support compression devices for those at high risk of developing venous thrombosis (DVT) after surgery. Review of the available medical records, fails to document recent knee imaging studies with surgical pathology, an operative report or a previous history of DVT. As such, the request for a DVT prevention system after surgery is not considered medically necessary at this time.