

Case Number:	CM14-0010920		
Date Assigned:	02/21/2014	Date of Injury:	12/30/2012
Decision Date:	10/14/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/27/2014

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, 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:

The patient is a 54 year old with an injury date on 12/30/12. Patient complains of pain, instability, swelling, and weakness in the bilateral knees with difficulty in ambulating per 1/9/14 report. Based on the 1/9/14 progress report provided by [REDACTED] the diagnoses are: 1. Osteoarthritis right knee2. Chondromalacia patellae3. Osteochondritis4. Meniscus tear knee5. Osteoarthritis pelvis6. Contusion of hipExam on 1/9/14 showed "right knee range of motion is decreased by 30 degrees in flexion, decreased by 5 degrees in extension. Left knee range of motion is full." [REDACTED] is requesting retro: solace multi stim unit for 5 months, retro: electrodes #8 pair/month x 5, retro: lead wires #2 x 2, retro: adapter, retro: aqua therapy water circulating pad, retro: aqua therapy knee wrap, retro: installation for the left knee, and retro: contrast aqua therapy daily for 6 weeks for the left knee. The utilization review determination being challenged is dated 1/15/14. [REDACTED] is the requesting provider, and he provided treatment reports from 8/7/13 to 1/9/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: SOLACE MULTI STIM UNIT FOR 5 MONTHS: Upheld

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

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 pain. The physician has asked for retro: solace multi stim unit for 5 months on 1/9/14. Solace multi stim is a combination TENS and neuromuscular stimulator unit. Regarding neuromuscular electrical stimulation, MTUS recommends as part of rehabilitative treatment program for stroke, but not indicated for chronic pain. In this case, the patient is not rehabilitating from a stroke, and the requested Solace multi stim unit for 5 months would not be indicated at this time. Recommendation is for denial.

RETRO: ELECTRODES #8 PAIR/MONTH X 5: Upheld

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

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 pain. The physician has asked for retro: electrodes #8 pair/month x 5 on 1/9/14. The electrodes are a part of the requested solace multi stimulator unit. Regarding neuromuscular electrical stimulation, MTUS recommends as part of rehabilitative treatment program for stroke, but not indicated for chronic pain. As patient is not rehabilitating from a stroke, the requested multi stim unit and included accessories would not be indicated. Recommendation is for denial.

RETRO: LEADWIRES #2 X 2: Upheld

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

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 pain. The physician has asked for retro: lead wires #2 x 2 on 1/9/14. The lead wires are a part of the requested solace multi stimulator unit. Regarding neuromuscular electrical stimulation, MTUS recommends as part of rehabilitative treatment program for stroke, but not indicated for chronic pain. As patient is not rehabilitating from a stroke, the requested multi stim unit and included accessories would not be indicated. Recommendation is for denial.

RETRO: ADAPTOR: Upheld

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

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 pain. The physician has asked for retro: adapter on 1/9/14. The adapter is a part of the requested solace multi stimulator unit. Regarding neuromuscular electrical stimulation, MTUS recommends as part of rehabilitative treatment program for stroke, but not indicated for chronic pain. As patient is not rehabilitating from a stroke, the requested multi stim unit and included accessories would not be indicated. Recommendation is for denial.

CONTRAST AQUA THERAPY WATER CIRCULATING PAD: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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: This patient presents with bilateral knee pain. The physician has asked for retro: aqua therapy water circulating pad on 1/9/14. Regarding cryotherapy, ODG allows for short-term post-operative use for 7 days. ODG states that no research shows any additional added benefit for more complicated cryotherapy units over conventional ice bags or packs. In this case, ODG recommends cryotherapy for short-term postoperative use. In addition, complicated cryotherapy units are not recommended. The requested retro: aqua therapy water circulating pad is not medically necessary at this time. Recommendation is for denial.

CONTRAST AQUA THERAPY KNEE WRAP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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: This patient presents with bilateral knee pain. The physician has asked for retro: aqua therapy knee wrap on 1/9/14. Regarding cryotherapy, ODG allows for short-term post-operative use for 7 days. ODG states that no research shows any additional added benefit for more complicated cryotherapy units over conventional ice bags or packs. ODG states that no research shows any additional added benefit for more complicated cryotherapy units over conventional ice bags or packs. As ODG recommends cryotherapy only for short-term postoperative use, the requested retro: aqua therapy knee wrap is not medically necessary at this time. Recommendation is for denial.

INSTALLATION FOR THE LEFT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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: This patient presents with bilateral knee pain. The physician has asked for retro: installation for the left knee on 1/9/14. Regarding cryotherapy, ODG allows for short-term post-operative use for 7 days. ODG states that no research shows any additional added benefit for more complicated cryotherapy units over conventional ice bags or packs. In this case, the physician is requesting an installation for the left knee, ostensibly for requested cryotherapy units. ODG recommends cryotherapy for short-term postoperative use only. In addition, complicated cryotherapy units are not recommended. As the cryotherapy equipment is not indicated, neither is the installation indicated. The requested retro: installation for the left knee is not medically necessary. Recommendation is for denial.

CONTRAST AQUA THERAPY DAILY FOR 6 WEEKS FOR THE LEFT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter on Aquatic Therapy Page(s): 22; 98-99.

Decision rationale: This patient presents with bilateral knee pain. The physician has asked for retro: contrast aqua therapy daily for 6 weeks for the left knee on 1/9/14. Review of the reports does not show any evidence of aquatic therapy being done in the past. Regarding aquatic therapy, MTUS states: "Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity." MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, the included documentation does not indicate patient has failed land-based physical therapy, and neither is there evidence patient has difficulty ambulating. The requested retro: contrast aqua therapy daily for 6 weeks for the left knee is not medically necessary for this type of condition. Recommendation is for denial.