

Case Number:	CM14-0118425		
Date Assigned:	08/06/2014	Date of Injury:	04/11/2012
Decision Date:	09/17/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/28/2014

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 Illinois. 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 62-year-old male who reported injury on 04/11/2012. The injured worker reported that his job required a lot of kneeling and squatting and he developed sharp pain in his left knee. The injured worker's treatment history included physical therapy, synovitis injections, surgery, MRI, and medications. The injured worker had undergone an MRI of the right knee on 06/13/2014 that revealed there was attenuation and deformity of the remaining posterior horn of the medial meniscus, most likely secondary to prior meniscal arthroscopy surgery. There are focal increases in signal intensity without extension to the articular surfaces in the anterior and posterior horns of the lateral meniscus, and the anterior horn of the medial meniscus. Chondral degeneration extended down to the bone was noted to overlie the lateral patellar facet. Marrow edema was noted in the medial aspect of the medial tibial plateau, the patella, and the adjacent to an osteochondral defect in the lateral femoral condyle. Osteophytic ridging was noted in the lateral and patellofemoral compartments. There was an osteochondral defect with surrounding edema in the anterior aspect of the lateral femoral condyle. The injured worker was evaluated on 07/07/2014, and it was documented that he complained of right knee pain, loss of range of motion, constant low back pain that does not radiate. Diagnoses included lumbosacral sprain/strain, knee sprain/strain, and arthroscopic knee surgery. Medications included over the counter analgesics. Request for Authorization or rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

LINT Therapy Trial: 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 Official Disability Guidelines (ODG) Pain Percutaneous neuromodulation therapy (PNT).

Decision rationale: The requested is not medically necessary. According to the Official Disability Guidelines (ODG) state that LINT is not recommended and percutaneous neuromodulation therapy (PNT) is considered investigational. Percutaneous neuromodulation therapy is a variant of PENS in which up to 10 fine filament electrodes are temporarily placed at specific anatomical landmarks in the back. Treatment regimens consist of 30-minute sessions, once or twice a week for eight to ten sessions. Percutaneous Neuromodulation Therapy (Vertis Neurosciences) received approval to market by the U.S. Food and Drug Administration (FDA) through the 510(k) process in 2002. The labeled indication reads as follows: "Percutaneous neuromodulation therapy (PNT) is indicated for the symptomatic relief and management of chronic or intractable pain and/or as an adjunct treatment in the management of post-surgical pain and post-trauma pain." The documentation submitted failed to indicate outcome measurements of conservative care to include home exercise regimen for the injured worker. In addition, the request failed to indicate location where LINT therapy is required for the injured worker. As such, the request for LINT therapy is not medically necessary.