

Case Number:	CM14-0122487		
Date Assigned:	08/06/2014	Date of Injury:	04/18/2012
Decision Date:	09/16/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	08/04/2014

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 58-year-old female who reported an injury on 04/18/2012. The mechanism of injury was not provided for clinical review. The diagnoses included status post right knee scope, right knee patellofemoral chondromalacia and osteoarthritis, loose body, small popliteal cyst. The previous treatments included medication. Within the clinical note dated 08/08/2014, it was reported the injured worker complained of right knee pain. Upon the physical examination, the provider noted the right knee to have positive crepitus. Range of motion is flexion at 128 degrees, and extension at 0 degrees. The clinical documentation is largely illegible. The request submitted is for OrthoStim. However, the rationale is not provided for clinical review. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 month rental of OrthoStim 4 (interferential) unit with 2 months of supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Galvanic Stimulation : Neuromuscular electrical stimulation (NMES devices). Decision based on Non-MTUS Citation Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-119.

Decision rationale: The California MTUS Guidelines do not recommend a stem care unit as an isolated intervention. There is no quality evidence of effectiveness, except in conjunction with recommended treatments including return to work, exercise, and medications, and limited evidence of improvement on those recommended treatments alone. It would possibly be appropriate for following conditions if documented, that pain is ineffectively controlled due to diminished effectiveness of medications, pain that is ineffectively controlled with medications due to its side effects; there is a history of substance abuse, significant pain from postoperative conditions which limits the ability to perform exercise program/physical therapy treatment. The injured worker has been unresponsive to conservative measures. There is a lack of documentation provided that would reflect diminished effectiveness in medication, history of substance abuse, or any postoperative conditions that would limit the injured worker's ability to perform exercise program/physical therapy treatment. There is lack of documentation indicating the injured worker was unresponsive or failed on conservative measures. The physician did not include an adequate and complete assessment within the injured worker's objective functional conditions which would demonstrate deficits needing to be addressed, as well as established by which to assess objective functional improvement over the course of therapy. Therefore, a 2 month rental of OrthoStim 4 (interferential) unit with 2 months of supplies is not medically necessary.