

Case Number:	CM14-0171604		
Date Assigned:	10/23/2014	Date of Injury:	06/23/2014
Decision Date:	11/25/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/17/2014

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 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 injured worker is a 38-year-old male who reported an injury on 06/23/2014. The injury reported was when the injured worker stepped on a piece of wood which then twisted out from underneath his foot and twisted his right knee. The diagnoses include right ankle sprain/strain, left knee/leg sprain/strain. The previous treatments included medication, physical therapy. Diagnostic testing includes a MRI of the left knee, dated 08/06/2014. Within the clinical note, dated 08/27/2014, it was reported the injured worker complained of pain in the medial aspect of his knee. He rated his pain 7/10 in severity. He complained of clicking and catching. The injured worker complained of recurrent swelling and aching in his knee. Upon the physical examination, the provider noted the injured worker had tenderness to palpation along the medial joint line. The range of motion of the left knee was noted to be flexion at 115 degrees, and extension at -5 degrees. The provider indicated the MRI of the left knee performed revealed complex tear of the medial meniscus, intact cruciate ligaments, and small joint effusion. The request submitted was for an EMS unit, electrodes, batteries, Vascutherm 4 system, Vascutherm knee garment, setup and delivery; however, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMS unit-one month rental: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The California MTUS Guidelines do not recommend a TENS unit as a primary treatment modality. A 1 month home based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence based functional restoration. There is evidence that other appropriate pain modalities have been tried and failed, including medication. The clinical documentation submitted indicated the injured worker to have failed physical therapy and medication in the past. Therefore, the request is medically necessary.

Electrodes x2 packs: Overturned

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

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

Decision rationale: California MTUS Guidelines do not recommend a TENS unit as a primary treatment modality. A 1 month home based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence based functional restoration. Since the subsequent request for an EMS unit has been approved the current request is also medically necessary.

Batteries x2: Overturned

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

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

Decision rationale: The California MTUS Guidelines do not recommend a TENS unit as a primary treatment modality. A 1 month home based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence based functional restoration. Since the subsequent request for an EMS unit has been approved the current request is also medically necessary.

Vascutherm 4 system- 4 week rental: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Continuous-flow cryotherapy.

Decision rationale: The Official Disability Guidelines recommend continuous flow cryotherapy as an option after surgery, but not for surgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries, muscle strains, and contusions has not been fully evaluated. Continuous flow cryotherapy units provide regulated temperatures through the use of power to circulate ice water and cooling packs. There is lack of clinical documentation indicating the injured worker had undergone surgery requiring the medical necessity for the request. Additionally, the request submitted failed to provide the treatment site. Therefore, the request is not medically necessary.

Vascutherm knee garment-purchase: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Compression garments.

Decision rationale: The Official Disability Guidelines note compression garments are recommended. Good evidence for the use of compression is available, but little is known about the dosimetry in compression, for how long and at what level compression should be applied. Low levels of compression 10 to 30 mmHg, applied by stockings, are effective in the management of telangiectases after sclerotherapy, varicose veins, and pregnancy, prevention of edema, and deep vein thrombosis. There is lack of documentation indicating the injured worker was treated after sclerotherapy, or for varicose veins after pregnancy, or the prevention of edema and deep vein thrombosis. Additionally, the guidelines note the findings of the study do not support routine wearing of elastic compression stockings. Therefore, the request is not medically necessary.

Set up and delivery: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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