

Case Number:	CM14-0021154		
Date Assigned:	02/21/2014	Date of Injury:	06/18/2013
Decision Date:	07/25/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/14/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 female who has submitted a claim for internal derangement of the left knee, carpal tunnel syndrome of the left wrist, sprain/strain of the left knee associated with an industrial injury date of June 18, 2013. Medical records from 2013 were reviewed, the latest of which dated December 4, 2013 revealed that the patient has complaints of pain and weakness in the left knee and wrist. On physical examination, there is limitation in range of motion of the left wrist and left knee with pain. On the clinical evaluation done last August 28, 2013, the patient states that she has left wrist pain with associated stiffness and residual weakness, exacerbated with grasping and fine manipulation activities. She also states that she has left knee pain with associated swelling, exacerbated by prolonged standing, kneeling, squatting and walking activities. On physical examination of the left wrist, there was tenderness noted about the left dorsal/palmar region and of the left flexor/extensor carpal muscles. There is limitation in range of motion on extreme flexion, ulnar and radial deviation. Phalen's test and Tinel tap test were positive with associated numbness and tingling. On examination of the left knee, there was noted residual swelling with residual tenderness about the anterior and lateral aspects. There is limitation in range of motion in flexion, extension, internal and external rotation. Treatment to date has included physical therapy, and medication which include cyclobenzaprine. Utilization review from January 9, 2014 denied the request for DURABLE MEDICAL EQUIPMENT - AQUA RELIEF SYSTEM because there was no documented significant functional deficit that would require aqua relief system, and denied the request for DURABLE MEDICAL EQUIPMENT - MUSCLE STIMULATION UNIT because there was no evidence of a history of stroke, disuse arthropathy and muscle spasm, and guidelines do not recommend NMES device for chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable medical equipment - aqua relief system: 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) Knee And Leg Chapter, Continuous-Flow Cryotherapy And Durable Medical Equipment.

Decision rationale: The CA MTUS does not specifically address the topic on continuous-flow cryotherapy. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Knee and Leg Chapter, was used instead. ODG states that continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. In addition, ODG states that durable medical equipment (DME) is recommended if there is a medical need and if the device or system meets Medicare's definition of DME. DME should withstand repeated use. It should primarily and customarily used to serve a medical purpose and is not useful to a person in the absence of illness or injury. The equipment should be appropriate for use in a patient's home. In this case, aqua relief system was requested; however, the rationale is unknown due to lack of documentation. The documents submitted do not specify any surgery or procedure related to this injury. There is no evidence of failure of physical therapy and medication. There is no clear indication at this time to necessitate adjunct treatment with continuous-flow cryotherapy. Therefore, the request for durable medical equipment - aqua relief system is not medically necessary.

Durable medical equipment - muscle stim unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines neuromuscular electrical stimulation Page(s): 121. Decision based on Non-MTUS Citation Official Disability Guidelines (Odg), Knee And Leg, Durable Medical Equipment.

Decision rationale: As stated on page 121 of the CA MTUS Chronic Pain Medical Treatment Guidelines, neuromuscular electrical stimulation (NMES) is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. In addition, ODG states that durable medical equipment (DME) is recommended if there is a medical need and if the device or system meets Medicare's definition of DME. DME should withstand repeated use. It should primarily and customarily used to serve a medical purpose and is not useful to a person in the absence of illness or injury. The equipment should be appropriate for use in a patient's home. In this case, muscle stimulation unit was requested; however, the

rationale is unknown due to lack of documentation. The documents submitted do not specify any physical therapy modalities that requires NMES unit. There is no evidence of failure of physical therapy and medication. There is no clear indication at this time to necessitate adjunct treatment with NMES. Also, NMES for chronic pain is not guideline recommended. Therefore, the request for durable medical equipment - muscle stimulation unit is not medically necessary.