

Case Number:	CM14-0021975		
Date Assigned:	05/09/2014	Date of Injury:	03/02/2010
Decision Date:	07/29/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/21/2014

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 Orthopedic Surgery, 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:

This is a 58-year-old with a March 2, 2010 date of injury. A specific mechanism of injury was not described. February 12, 2014 determination was non-certified given no medical necessity for the requested DME (durable medical equipment). December 23, 2013 medical report identifies left knee greater than right knee pain. The patient walked with an altered gait secondary to the left knee. The patient was status post left knee surgery on January 31, 2014. The surgical procedure included a partial medial meniscectomy, partial lateral meniscectomy, chondroplasty, extensive synovectomy, and an injection. A same day report identifies that the patient would benefit from an interferential unit to decrease swelling and inflammation, as well as increase muscle function for his rehab following his left knee surgery. February 14, 2014 medical report identified that the patient was much better following the left knee surgery. The patient attended post-operative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

One MEDS4+INF (NMES [neuromuscular electrical stimulator] and interferential stimulator) for three months of home use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-118. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: There was no documentation of a rationale identifying why a combined electrotherapy unit would be required. In addition, the Chronic Pain Medical Treatment Guidelines does not consistently recommend interferential and NMS electrotherapy. There was also no indication for the need of electrotherapy following a surgical procedure. The request for One MEDS4+INF (NMES and interferential stimulator) for three months of home use is not medically necessary or appropriate.

One conductive garment(large sleeve/sock) to be used with the MEDS4 stimulator: 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 equipment is not medically necessary, none of the associated parts are medically necessary.

Electrodes: 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 equipment is not medically necessary, none of the associated parts are medically necessary.