

Case Number:	CM14-0023959		
Date Assigned:	06/11/2014	Date of Injury:	06/17/2013
Decision Date:	07/15/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/25/2014

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 Orthopaedic 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:

The injured worker is a 37-year-old male who was reportedly injured on June 17, 2013. The mechanism of injury was noted as a fall on a concrete floor. The most recent progress note, dated December 30, 2013, indicated that were ongoing complaints of bilateral knee pains, bilateral wrist pains and left ankle pain. The physical examination demonstrated bilateral posterior popliteal cysts and notable swelling. There was tenderness at the medial and lateral joint lines as well as the patellae. Examination of the ankles noted tenderness at the medial malleolus of the right ankle but not the left side. There was a plan for an MRI of the left and right knee as well as the use of an X-force stimulator unit. A request had been made for an X-force stimulator unit, 15 day CPM rental, a Q-tech recovery system, range of motion brace and urine drug testing and was not certified in the pre-authorization process on February 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-FORCE STIM UNIT 30 DAY RENTAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), TENS unit Page(s): 114 of 127.

Decision rationale: The use of a Transcutaneous Electrical Nerve Stimulation unit is not recommended for use at all postoperatively for orthopedic procedures as it has been shown to be less effective or not effective at all. Therefore, this request for an X-force stimulator unit rental is not medically necessary.

CPM UNIT 15 DAY 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 (ODG), Continuous Passive Motion.

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 (Acute & Chronic), Continuous Passive Motion, Updated June 5, 2014.

Decision rationale: The use of a CPM unit is not indicated for routine knee surgery procedures. This request for the use of a CPM unit is not medically necessary.

Q-TECH RECOVERY SYSTEM 30 DAY RENTAL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Treatment Index, 9th Edition Web, 2011.

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 (Acute & Chronic), Cryotherapy unit, updated June 5, 2014.

Decision rationale: The Q-tech recovery system is a cryotherapy unit. The use of a Q-tech recovery system is only indicated for the first seven days in the postoperative setting. As this request is for a 30 day rental, this request for the use of a Q-tech recovery system is not medically necessary.

RANGE OF MOTION BRACE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Treatment Index, 9th Edition Web, 2011.

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 (Acute & Chronic), knee brace, updated June 5, 2014.

Decision rationale: According to the medical records provided, the surgical procedure for the knee is an arthroscopic debridement. Without the specific need for a brace indicated for osteoarthritis or instability, this request for a range of Motion Brace is not medically necessary.

URINE DRUG TESTING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Treatment Index, 9th Edition Web, 2011.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), Opioids, Ongoing Management Page(s): 78 of 127.

Decision rationale: A urine drug test is only recommended if there is an indication of abuse, addiction, or poor pain control. There is no mention of this in the medical record. This request for Urine Drug Screen is not medically necessary.