

Case Number:	CM14-0032836		
Date Assigned:	06/20/2014	Date of Injury:	01/28/2012
Decision Date:	07/23/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/14/2014

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 Medicine and is licensed to practice in Texas. 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 50 year old male whose date of injury is 01/26/2012. The mechanism of injury is described as repetitive up and down movements. Note dated 03/17/14 indicates that he is status post right knee arthroscopy on 09/25/13 with debridement torn medial meniscus and torn lateral meniscus and chondroplasty of his patella. Handwritten progress report dated 05/27/14 indicates that there is no change. The right knee aches all day. Diagnosis is internal derangement right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Knee Brace: Upheld

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

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, Knee brace.

Decision rationale: Based on the clinical information provided, the request for knee brace is not recommended as medically necessary. There is no clear rationale provided to support a knee brace at this time. There is no current, detailed physical examination submitted for review.

Therefore, the request is not in accordance with the Official Disability Guidelines, and medical necessity is not established.

transcutaneous electrical joint stimulation device system: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

Decision rationale: Based on the clinical information provided, the request for transcutaneous electrical joint stimulation device system is not recommended as medically necessary. The submitted records fail to establish that the injured worker has undergone a successful trial of the unit as required by Chronic Pain Medical Treatment Guidelines. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals provided as required by Chronic Pain Medical Treatment Guidelines.