

Case Number:	CM14-0038055		
Date Assigned:	06/25/2014	Date of Injury:	04/01/2011
Decision Date:	08/05/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/01/2014

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 Occupational Medicine 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 patient is a 41 year-old female with date of injury 07/06/2012. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 12/29/2013, lists subjective complaints as ongoing knee pain which is progressing to right arm and neck pain. Objective findings: Examination of the knees revealed bilateral knee tenderness to palpation and prepatellar tenderness to palpation. Mild swelling without effusion was noted. Patient had pain with valgus varus testing without instability and Lachman's test was negative. Strength was 4+/5 with extension and flexion and sensation was intact. The diagnosis included: right knee pain, strain of right knee and leg, chronic pain syndrome and history of bucket handle tear of medial meniscus. Patient has been approved for physical therapy and says she notices improvement. Patient underwent an MRI of the right knee on 07/12/2012 that was notable for an equivocal horizontal tear of the posterior horn and medial meniscus.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zynex Newave rental for 6 months and electrodes and batteries purchase for 6 months for right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 118-120.

Decision rationale: The Zynex NexWave produces IFC, TENS & NMES. According to the MTUS an interferential current stimulation (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The request is not medically necessary.