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| Case Number: | CM14-0046800 | | |
| Date Assigned: | 07/02/2014 | Date of Injury: | 05/24/1999 |
| Decision Date: | 08/21/2014 | UR Denial Date: | 03/28/2014 |
| Priority: | Standard | Application Received: | 04/14/2014 |

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 General Preventive Medicine and is licensed to practice in Indiana. 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 employee is a 51 year old male with date of injury of 5/24/1999. A review of the medical records indicate that the patient is undergoing treatment for closed traumatic dislocation of the patellofemoral joint, complex regional pain syndrome, fibromyositis, localized primary osteoarthritis, neuralgia, and sprain of knee and leg. Subjective complaints include ankle or knee pain not well controlled, with some weakness and numbness, tingling and swelling in both ankle and knee. Objective findings include tenderness of both ankle and knee and observation of gait with cane; tenderness of the lateral patellar retinaculum and medial patellar retinaculum. Treatment has included flexeril and oxycontin. The utilization review dated 3/28/2014 non-certified a dolphin neurostimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME Dolphin Neurostimulator Trial: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS
Page(s): 116.

Decision rationale: CA MTUS does not specifically address a Dolphin Neurostimulator Unit, and neither do the ODG or other major medical guidelines. This device is similar to a TENS unit, and so the same rationale can be used to find medical necessity. CA MTUS chronic pain guidelines regarding TENS indicate treatment should be documented as an adjunct to a functional restoration program. There is no current evidence that shows the provider has set up a program for the employee. There are no specific short or long term goals documented as well. It is not specific as to the body part the unit is supposed to address. Documentation of goals and functional restoration are not evident. The request for durable medical equipment dolphin neurostimulator is not medically necessary.