

Case Number:	CM14-0051593		
Date Assigned:	09/03/2014	Date of Injury:	09/16/2010
Decision Date:	10/03/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/19/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 63 year-old individual was reportedly injured on 9/16/2010. The mechanism of injury is not listed. The most recent progress note, dated 7/9/2014, indicates that there are ongoing complaints of bilateral knee pain, back pain and right forearm pain. The physical examination demonstrated right knee: positive tenderness along the medial joint line and patellar facet. Slight tenderness along the lateral joint line pain with deep flexion and patellar compression is noted. Left knee: tenderness along the lateral joint line in pain with deep flexion. Lumbar spine: slight tenderness about the lower lumbar paravertebral musculature. Thoracic spine: slight tenderness along the paravertebral musculature. Left shoulder: slight tenderness over the anterior lateral aspect of the shoulder. Strength is intact globally. No recent diagnostic studies are available for review. Previous treatment includes right knee arthroscopy, medications, and conservative treatment. A request had been made for Ortho Stim purchase and supplies, and was not certified in the pre-authorization process on 4/7/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

OrthoStim purchase and supplies: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG Treatment Guidelines; regarding Interderential Stimulation/Neuromuscular Stimulation /Galvanic Stimulation

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 (Acute and Chronic). Tens Unit. Updated 8/25/2014.

Decision rationale: CA MTUS and ODG guidelines do not specifically address the Ortho Stim 3 device, however ODG guidelines state there is no conclusive evidence that TENS unit reduces knee pain or physical disability from osteoarthritis, even with years of clinical use in a plethora of clinical trials based on a recent evidence-based medicine study. Without significant evidence-based medicine supporting the use of this device, this request is deemed not medically necessary.