

Case Number:	CM14-0056519		
Date Assigned:	07/09/2014	Date of Injury:	07/08/2011
Decision Date:	08/08/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/27/2014

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 Orthopedic Surgery, and is licensed to practice in Colorado and 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 35-year-old female who reported an injury on 07/06/2011. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to her right knee. The injured worker ultimately underwent right knee arthroscopy with partial synovectomy and chondroplasty followed by a course of postsurgical physical therapy. It is noted within the documentation of the injured worker is compliant with a home exercise program. The injured worker was evaluated on 06/02/2014. It was documented that the injured worker had physical findings to include mild effusion on the right knee with range of motion described as 0 degrees in extension to 105 degrees in flexion. The injured worker diagnoses included status post right knee arthroscopy, moderate osteoarthritis and a history of diabetes and hypertension. A request was made for a TENS unit and a Dynasplint.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, post operative pain (transcutaneous electrical nerve stimulation) Page(s): 116.

Decision rationale: The requested TENS unit for purchase is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends a 30 day trial of a TENS unit in the postoperative management of pain. Clinical documentation submitted for review does indicate that the injured worker used a TENS unit during physical therapy and responded positively. However, there is no documentation that the injured worker has undergone a 30-day home trial that produced functional increases and pain relief to support the purchase of a TENS unit. As such, the requested TENS unit for purchase is not medically necessary or appropriate.

JAS knee stretching splint: 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), Knee and leg procedure summary.

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, Static progressive stretch (SPS) therapy Other Medical Treatment Guideline or Medical Evidence.

Decision rationale: The requested JAS knee-stretching splint is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not specifically address this type of splinting. The Official Disability Guidelines recommend static splint progressive stretch therapy for patients who have joint stiffness caused by immobilization, contractures, to assist with the healing process of connective tissue damage and as an adjunctive treatment to physical therapy within 3 weeks of manipulation or surgery. The clinical documentation submitted for review does not support that the injured worker has a joint stiffness due to immobilization. Additionally, there is no documentation that the injured worker has contractures or connective tissue damage that would benefit from this type of stretch splinting. Additionally the clinical documentation submitted for review does indicate that the injured worker is no longer participating in physical therapy and is functioning in a home exercise program. As such, the requested JAS knee-stretching splint is not medically necessary or appropriate.