

<b>Case Number:</b>	CM14-0079250		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	03/30/2012
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2014

### 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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 23 year old male who was injured on 3/30/2012. He was diagnosed with deranged medial meniscus of the left knee, left knee sprain, chondromalacia of the patella of the left knee, and chondromalacia of the left knee. He was treated with left knee arthroscopy/surgery, extensive physical therapy, oral analgesics, corticosteroid injection, and topical analgesics. Recently he was requested to "attempt final treatment with pulsed electromagnetic field treatment" 2 hours per day, and a request for an Active Knee System device for his left knee was made by his treating physician, and requested to have him return to modified work (light office duties).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME - Active knee system with orthopods:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Osteoarthritis and cartilage volume 20 issue 9 page 957966, September 2012.

**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 section, Pulsed magnetic field therapy AND TENS.

**Decision rationale:** An "Active Knee System" is a medical device that may use a passive modality during intended for use during activity such as TENS or pulsed magnetic field therapy (PMFT). The MTUS Guidelines do not specifically address this particular type of product. The ODG does mention PMFT as a recommended option to treat knee pain in combination with active therapy. Although this modality is still under investigation, it seems to be most helpful for those younger than 65 years of age. In the case of this worker, it seems reasonable to trial this device to see if he becomes more functional and with less knee pain, and is medically necessary.