

Case Number:	CM14-0095050		
Date Assigned:	07/25/2014	Date of Injury:	10/22/2013
Decision Date:	08/28/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/23/2014

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 Georgia. 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 claimant had a date of injury of 10/22/2013 when she reported straining left knee and low back while trying to stop a stack of mattresses from falling. She has been treated with chiropractic therapy and a brace. Currently, there are no plans for surgery. Current diagnosis is internal derangement of the left knee and the request is for the purchase of an Aqua Relief System and five months rental of a Multistim Unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Relief system purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Continuous Flow Cryotherapy.

Decision rationale: The MTUS ACOEM Chapter on knee complaints does recommend ice for treatment of knee pain. ACOEM is clear that the home application of simple hot or cold packs by the patient is as effected as those performed by a therapist. The Official Disability Guidelines,

Knee Section states that "continuous flow cryotherapy is indicated for short term (up to 7 days, including home use) use after surgery but is not indicated for non-surgical treatment." The use of an Aqua Relief System is not demonstrated to be clinically superior to use of simple hot or cold packs; therefore, it is not medically necessary and the original UR decision is upheld.

Multistimulator Unit with supplies , 5 month rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tens Page(s): 118,120,21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines does not recommend use of a neuromuscular electrical stimulation device for chronic pain. Such devices may be part of a rehabilitation program after stroke, but there are no studies indicating any efficacy in managing chronic pain. In this case, the medical records provide no documentation that there is any functional improvement from the use of this device. The request for rental of a muscle stimulator and supplies are not medically necessary and the original UR denial is upheld.