

Case Number:	CM15-0160145		
Date Assigned:	08/26/2015	Date of Injury:	02/20/2002
Decision Date:	10/02/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/17/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 60 year old female, who sustained an industrial injury on 2-20-02. The injured worker was diagnosed as having left knee internal derangement status post prior arthroscopy and left knee arthroscopic medial meniscectomy and chondroplasty on 4-5-13. Treatment to date has included physical therapy and medication. Physical examination findings on 6-11-15 included decreased left shoulder range of motion and decreased left knee range of motion. Currently, the injured worker complains of neck pain, bilateral shoulder pain, left wrist pain, and left knee pain. The treating physician requested authorization for an x-force with solar care for home for the left shoulder and left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-force with solar care for home, for the left shoulder and left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, Chronic Pain Treatment Guidelines Page(s): 114-117.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines TENS, (Effective July 18, 2009) Page(s): 116.

Decision rationale: This claimant was injured in 2002 with left knee internal derangement status post prior arthroscopy, and left knee arthroscopic medial meniscectomy and chondroplasty on 4-5-13. Treatment to date has included physical therapy and medication. This X-force device that is requested claims a special FDA code, and so it is different than TENS. However, an FDA code NYN is simply a TENS electrical stimulator used on arthritic joints. The solar care portion provides heat. It will be evaluated therefore under TENS guidelines. The MTUS notes that TENS is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005) Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985) Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005) Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. (Miller, 2007) I did not find in these records that the claimant had these conditions that warranted TENS. Also, an outright purchase is not supported, but a monitored one month trial, to insure there is objective, functional improvement. In the trial, there must be documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. There was no evidence of such in these records. Regarding the solar care, it provides heat. However, the MTUS/ACOEM guides note that during the acute to subacute phases for a period of 2 weeks or less, physicians can use passive modalities such as application of heat and cold for temporary amelioration of symptoms and to facilitate mobilization and graded exercise. They are most effective when the patient uses them at home several times a day. More elaborate equipment than simple hot packs are simply not needed to administer heat modalities; the guides note it is something a claimant can do at home with simple home hot packs made at home, without the need for such equipment. As such, this DME would be superfluous, not necessary, and not in accordance with MTUS/ACOEM. The request is not medically necessary.