

Case Number:	CM15-0024411		
Date Assigned:	02/13/2015	Date of Injury:	02/25/2014
Decision Date:	04/02/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/09/2015

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

Certification(s)/Specialty: Anesthesiology, Pain Management

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 54 year old female, who sustained an industrial injury on February 25, 2014. She has reported left knee pain. The diagnoses have included left knee meniscal tear. Treatment to date has included activity modifications, x-rays, physical therapy, knee brace, and medications. On October 29, 2014, the treating physician noted continued left knee pain without improvement. The pain level was rated 6-7/10. The physical exam revealed medial and lateral joint line tenderness of the left knee and left knee swelling. On November 11, 2014, the injured worker underwent a left knee arthroscopy with partial medial meniscectomy, subtotal lateral meniscectomy, chondroplasty of the lateral tibial plateau and patella, synovectomy, and lateral retinacular release. The records show a course of postoperative physical therapy with therapeutic exercise, manual therapy, neuromuscular re-education, modalities as needed, and education for a home exercise program was initiated on December 15, 2014. The specific dates or results of the physical therapy were not provided. The only available post operative evaluation not dated 1/14/2015 did not have any subjective or objective findings relating to the severity of the knee condition. On January 27, 2015, Utilization Review non-certified a request for a Solace Multi Stim unit 5 month rental and supplies for the left knee, noting the lack of documentation of a substantial examination of the knee by the provider, and the lack of indication that past therapies, for example physical therapy, demonstrated that electrical stimulation was of particular efficacy for this case. The California Medical Treatment Utilization Schedule (MTUS): Chronic Pain Medical Treatment Guidelines and Postsurgical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Solace Multi Stim Unit 5 Month Rental and Supplies (Left Knee): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS) Page(s): 114-116, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 113-117, 121. Decision based on Non-MTUS Citation Official Disability Guidelines, Neuromuscular Stimulation Therapy.

Decision rationale: The CA MTUS and the ODG guidelines recommend Electrical Neurostimulation devices can be utilized in the treatment of chronic musculoskeletal pain. The utilization of stimulation devices can lead to reduction in pain and medications utilization and increase in range of motion. The records did not show subjective or objective findings of severe knee pain following the 11/11/2014 knee surgery. There is no documentation of the result of the post operative physical therapy that was approved. There is no documentation of failure of conservative management with medication utilization. There is no documentation of beneficial result following the required 1 month supervised trial of electrical stimulation therapy before the extension of use was requested. The criteria for the use of Solace Multi Stim unit 5 months rental and supplies for left knee was not met.