

<b>Case Number:</b>	CM15-0210853		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	02/02/2012
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	10/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2015

### 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, New York, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic knee pain reportedly associated with an industrial injury of February 2, 2012. In a Utilization Review report dated October 23, 2015, the claims administrator failed to approve requests for hot-cold unit and a prime dual stimulator device. The claims administrator referenced a September 17, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said September 17, 2015 office visit, the applicant reported ongoing issues with knee pain status post earlier knee surgery some three years prior, the treating provider reported. Highly variable 5 to 8/10 pain complaints were noted. The applicant was using Tylenol and ibuprofen for pain relief, the attending provider acknowledged. A TENS-EMS device and a hot and cold unit were endorsed. The applicant's work status was not clearly reported, although it did not appear that the applicant was working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One hot/cold unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic) Continuous-flow cryotherapy 2015.

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., pg. 968.

**Decision rationale:** No, the request for a hot/cold unit was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 13, Table 13-3, page 338 does acknowledge that at-home local applications of heat and/or cold are recommended as method of symptoms control for applicants with knee pain complaints as were/are present here, by implication/analogy, the MTUS Guideline in ACOEM Chapter 13, Table 13-3, page 338 does not recommend more elaborate devices for delivering heat therapy and/or cryotherapy, as was seemingly proposed here. The Third Edition ACOEM Guidelines Chronic Pain Chapter takes a more explicitly position against usage of such devices, noting that high-tech devices for delivering cryotherapy are deemed not recommended in the chronic pain context present here. Therefore, the request is not medically necessary.

**Prime dual electrical stimulator TENS/EMS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** Similarly, the request for a prime dual stimulator or TENS-EMS device was not medically necessary, medically appropriate, or indicated here. One of components in the device, electrical muscle stimulation (EMS) is a variant of neuromuscular electrical stimulation (NMES) which, per page 121 of the MTUS Chronic Pain Medical Treatment Guidelines is not recommended in the chronic pain context present here. Since one or more components in the device were not recommended, the entire device was not recommended. Therefore, the request is not medically necessary.