

Case Number:	CM15-0215742		
Date Assigned:	11/05/2015	Date of Injury:	07/25/2013
Decision Date:	12/23/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	11/03/2015

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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50 year old female, who sustained a right knee injury on 7-25-2013. The diagnosis included right knee sprain/strain and chondromalacia. According to provided documentation dated 1-23-2015, the worker continued to complain of constant right knee pain rating 8 out of 10 with limited range of motion and is aggravated with movement. As of 4-1-2015, the injured worker complained of worsening right knee pain, rating her pain 8 out of 10. Treatment prescribed consisted of Naproxen 500mg twice a day #60 and Gabapentin 300mg twice a day#60 for a diagnosis of knee tendonitis, and facet arthropathy vs. SI joint. On 5-13-2015, the worker underwent diagnostic imaging of an MRI revealing tri-compartmental osteoarthritic change associated with joint effusion, complex radial tear in the posterior horn of the medial meniscus, and a Baker's cyst. According to an electrodiagnostic study of the bilateral lower extremities dated 5-28-15, right peroneal sensory neuropathy and tight lateral plantar sensory neuropathy was revealed. Treating physician documentation dated, 8-31-15 was objective for stiffness of the right knee, with pain currently 0 out of 10, neck pain 1-2 out of 10 and low back pain 3 out of 10. The Utilization Review determination dated 10-9-2015 states treatment/service requested for Durable Medical Equipment MI. The IMR application dated 11-9-2015 is requesting Multi Stimulator Unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Solace multi-stim unit E-stim electrodes (DOS 09/04/15-10-03/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The patient presents with diagnosis of knee tendonitis and facet arthropathy vs. SI joint. The patient recently complained of worsening right knee pain and stiffness along with low back pain. The current request is for Solace multi-stim unit E-stim electrodes. The treating reports are primarily hand written and are all but illegible and thus the treating physician's justification for this request cannot be ascertained. However, the treating physician states in the request for authorization dated 6/27/15 (76B), "multi stim plus supplies 5 month rental." It appears every treating report since the 6/27/15 report states "STIM pending." According to MTUS Guidelines the criteria for the use of TENS in chronic intractable pain is: "a one-month trial period of the TENS unit should be documented (as an adjunct to other treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function during this trial." And "a treatment plan including the short- and long term goals of treatment with the TENS unit should be submitted." In this case, the treating physician did not specify a one month trial rental and did not document the short and long-term goals of treatment with the TENS unit. Therefore, the current request is not medically necessary.