

Case Number:	CM15-0218054		
Date Assigned:	11/09/2015	Date of Injury:	12/13/2014
Decision Date:	12/21/2015	UR Denial Date:	11/03/2015
Priority:	Standard	Application Received:	11/05/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 68-year-old male who sustained an industrial injury on 12-13-14. A review of the medical records indicates that the worker is undergoing treatment for unilateral primary osteoarthritis right knee and pain in right knee. Subjective complaints (10-22-15) include use of a cane because of pain and instability of the right knee. Objective findings (10-22-15) include on standing, there is genu varum to the right knee, patellofemoral crepitation with flexion and extension of the right knee, 1+ effusion to the right knee without sign of infection, tenderness of the medial joint line to the right knee, and McMurray's test is positive referable to derangement medial meniscus right knee. 3 view x-rays of the right knee (10-22-15) reveal the impression as "moderately advanced degenerative osteoarthritis right knee with genu varum knee deformity left knee. Degenerative osteoarthritis left knee." MRI of the right knee (2-6-15) reveals an impression of "1. Minimal right knee joint effusion and mild to moderate retropatellar cartilage thinning or chondromalacia. 2. Tendinosis of the interior right patellar tendon. 3. Mild sprain of the right anterior cruciate ligament. 4. Medial compartment joint space narrowing with cartilage thinning or chondromalacia with also focal bone marrow reactive edema and cystic change in the undersurface of the medial tibial plateau and a meniscal tear in the posterior horn of the right medial meniscus. 5. Meniscal degenerative changes of the right lateral meniscus." Previous treatment includes medication and use of a cane. The requested treatment of a retrospective (date of service 10-22-15) x-ray of the right knee (3 views) and 1 bionic care pulsed electrical stimulator was non-certified on 11-3-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective 1 X-ray of the right knee (3 views) (dos: 10/22/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Diagnostic Criteria, Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg (Acute and Chronic), Radiography (X-rays).

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care, Special Studies.

Decision rationale: The request in this injured worker with chronic knee pain is for an x-ray of the right knee. The records document a physical exam with reduction in range of motion and pain but no red flags or indications for immediate referral or imaging. The worker also has had recent MRI of his knee to document anatomy and pathology. In the absence of physical exam evidence of red flags or physical exam evidence of an anatomic abnormality, an x-ray of the right knee is not medically indicated. The medical necessity of a knee x-ray is not substantiated in the records.

1 Bionic care pulsed electrical stimulator: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg (Acute and Chronic), BionCare knee device.

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

Decision rationale: Per the guidelines, a electrostimulation is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. While electrostimulation may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Several published evidence-based assessments of transcutaneous electrical nerve stimulation have found that evidence is lacking concerning effectiveness. In this injured worker, other treatment modalities are not documented to have been trialed and not successful. Additionally, it is not being used as an adjunct to a program of evidence based functional restoration. There is no indication of spasticity, phantom limb pain, post-herpetic neuralgia or multiple sclerosis which the electrostimulation unit may be appropriate for. The medical necessity for a Bionic care pulsed electrical stimulator is not substantiated.