

Case Number:	CM15-0036118		
Date Assigned:	03/04/2015	Date of Injury:	10/08/2012
Decision Date:	04/09/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	02/25/2015

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 57 year old female, who sustained an industrial injury on 10/08/2012. She has reported subsequent knee pain and was diagnosed with painful left knee medial unicompartamental arthroplasty and left knee patellofemoral chondromalacia. Treatment to date has included oral pain medication and physical therapy. In a progress note dated 01/28/2015, the injured worker complained of left knee pain. Objective findings were notable for left knee tenderness and decreased range of motion and left hip tenderness. The physician noted that an Orthocor device was being requested to help with knee pain. On 02/24/2015, Utilization Review non-certified a request for Orthocor knee device, noting that osteoarthritis of the knee was not an established diagnosis and that the effectiveness of the modality is inconclusive. ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthocor knee device (right): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.biomedcentral.com/1471-2474/7/51> Pulsed electromagnetic energy treatment offers no clinical benefit in reducing the pain of knee osteoarthritis: a systematic review Christopher James McCarthy^{1*}, Michael James Callaghan² and Jacqueline Anne Oldham² BMC Musculoskeletal Disorders 2006, 7:51 doi:10.1186/1471-2474-7-51.

Decision rationale: The Orthocor knee device uses pulsed electromagnetic energy to treat osteoarthritis of the knee. This systematic review shows evidence that PEMF had little value in the management of knee osteoarthritis. There appears to be clear evidence for the recommendation that PEMF does not significantly reduce the pain of knee osteoarthritis. Additionally, this worker does not have a diagnosis of osteoarthritis to support the use. The medical necessity of the orthocor knee device is not substantiated in the records.