MAXIMUS Federal Services

Case Number:	CM15-0088451		
Date Assigned:	05/12/2015	Date of Injury:	05/01/2006
Decision Date:	06/12/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/08/2015

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
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 injured worker is a 55-year-old female, who sustained an industrial injury on 5/1/06. She reported initial complaints of cumulative trauma. The injured worker was diagnosed as having status post left knee arthroscopy; bilateral wrist tenosynovitis; chronic pain syndrome. Treatment to date has included status post left knee arthroscopic menisectomy with medial femoral chondroplasty; open left knee patellar tendon debridement; partial patellectomy bur removal of inferior pole patella (8/3/10); urine drug screens; medications. Currently, the PR-2 notes dated 3/10/15 are hand written and indicated the injured worker complains of bilateral upper extremity pain and weakness along with knee pain. Objective findings for the knee are antalgic gait, flexion 90 degrees, effusion, crepitus and quadriceps weakness. The injured worker is a status post left knee arthroscopic menisectomy with medial femoral chondroplasty; open left knee patellar tendon debridement; partial patellectomy bur removal of inferior pole patella on 8/3/10. The treatment plan includes physical therapy for the knee 10 sessions over 5 weeks; a repeat of EMG/NCV upper extremities; Vicodin 5/325mg; Prilosec and Lyrica and a urine drug screen. He has also requested a re-fill of OrthoStim4 supplies times 3 months (Electrodes, Batteries, Wipes, Leadwire) Left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Re-fill of OrthoStim4 supplies times 3 months (Electrodes, Batteries, Wipes, Leadwire)
Left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-115 and 118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrostimulation Page(s): 113-121.

Decision rationale: This elector stimulation unit includes muscular stimulation, which is clearly not supported by Guidelines. Guidelines specifically state that this type of stimulation is recommended only when an individual is rehabilitation from a stroke or has an inability to move or exercise an extremity. In addition, there is no objective evidence of benefits, medication use remains the same, pain complaints have increased and there are no functional improvements from its use. There are no unusual circumstances to justify and exception to Guidelines. The OthoStim4 supplies times 3 months (Electrodes, Batteries, Wipes, and Lead wire) left knee is not supported by Guidelines and is not medically necessary.