

Case Number:	CM14-0124409		
Date Assigned:	08/11/2014	Date of Injury:	11/19/2013
Decision Date:	10/10/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/06/2014

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. The expert reviewer is Board Certified in Family Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 57-year-old male who has submitted a claim for left meniscus tear, loose body status post left knee arthroscopic surgery (05/29/2014) associated with an industrial injury date of 11/19/2013. Medical records from 01/07/2014 to 08/05/2014 were reviewed and showed that patient complained of left knee pain (pain scale grade not specified). Physical examination revealed well-healed arthroscopic portal scars, decreased ROM secondary to pain, and no effusion. MRI of the left knee dated 01/27/2014 revealed full thickness radial tear of medial meniscus with extrusion. Of note, review of past medical history did not reveal a previous stroke. Treatment to date has included arthroscopic left knee medial and meniscectomies, chondral abrasionplasty of the medial femoral condyle, and extensive synovectomy of the patellofemoral joint (05/29/2014), knee brace, and pain medications. Of note, there was no documentation of participation in postoperative rehabilitation based on the medical records. Utilization review dated 07/24/2014 denied the request for GSM HD combo muscle stimulator, 4 lead and lifetime monthly supplies, electrodes 8 pairs per month, and AAA batteries 6 per month because there was no rationale or information provided which would clearly support the requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

GSM HD combo muscle stimulator: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit, Neuromuscular Electrical Stimulation, Page(s): 114-116, 121.

Decision rationale: A search of online resource revealed that GSM HD Combo is a combination of TENS / muscle stimulator. As stated on pages 114-116 of CA MTUS Chronic Pain Medical Treatment Guidelines, TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. Page 121 states that there are no intervention trials suggesting benefit from neuromuscular electric stimulation for chronic pain; hence, it is not recommended unless following stroke. In this case, the patient underwent left knee arthroscopic surgery on 05/29/2014 with continued complaint of left knee pain. There was no documentation of participation in a postoperative rehabilitation or home exercise program, which is required prior to approval of TENS use. The guidelines only recommend TENS as an adjunct to evidence-based functional restoration. Moreover, there was no documentation of a previous stroke to support the need for muscle stimulator. The request likewise failed to specify the body part to be treated and if the device was for rental or purchase. Therefore, the request for GSM HD combo muscle stimulator is not medically necessary.

4 lead and lifetime monthly supplies: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The dependent request, GSM HD combo muscle stimulator, was deemed not medically necessary. Therefore, the request for 4 lead and lifetime monthly supplies is also not medically necessary.

Electrodes 8 pairs per month: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The dependent request, GSM HD combo muscle stimulator, was deemed not medically necessary. Therefore, the request for Electrodes 8 pairs per month is also not medically necessary.

AAA batteries 6 per month: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The dependent request, GSM HD combo muscle stimulator, was deemed not medically necessary. Therefore, the request for AAA batteries 6 per month is also not medically necessary.