

Case Number:	CM14-0126958		
Date Assigned:	10/16/2014	Date of Injury:	04/04/2012
Decision Date:	11/18/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/11/2014

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 Occupational 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:

There were 1598 pages provided for this review. The application for independent medical review was signed on July 30, 2014. It was for an aqua relief system purchase, hinged knee brace, paraffin baths and multi-stim unit supplies for five months rental. There was a utilization review from July 16, 2014. The date of injury was April 4, 2012. As of April 19, 2014, the claimant was complaining of pain in the bilateral wrist and hand, both knees, especially the left knee in addition to low back pain. He was positive for bilateral carpal tunnel syndrome per electrodiagnostic studies that were undated and no report was noted. On exam there was paraspinal muscle tenderness noted. There was tenderness to palpation of both wrists and hands. The grip strength was three out of five bilaterally. There were positive median nerve Tinel's test, radial nerve Tinel's test, Finkelstein test, Phalen's and a bracelet test. There was tenderness in both knees. Grinding and compression tests were positive especially on the left knee. The injured worker was status post arthroscopy on both knees in May 2012 and September 2012 due to a meniscal tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Relief System (purchase): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

Decision rationale: This is a hot and cold therapy pump. This durable medical equipment item is a device to administer regulated heat and cold. However, the MTUS/ACOEM guides note that 'during the acute to subacute phases for a period of 2 weeks or less, physicians can use passive modalities such as application of heat and cold for temporary amelioration of symptoms and to facilitate mobilization and graded exercise. They are most effective when the patient uses them at home several times a day'. Elaborate equipment is simply not needed to administer heat and cold modalities; the guides note it is something a claimant can do at home with simple home hot and cold packs made at home, without the need for such equipment. As such, this DME would be superfluous and not necessary, and not in accordance with MTUS/ACOEM. The request for Aqua Relief System (purchase) is not medically necessary.

Hinged knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

Decision rationale: Page 340, ACOEM, Knee complaints notes: A brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. It is not clear the claimant has these conditions, or these occupational needs. The guides further note that for the average patient, using a brace is usually unnecessary. There is nothing noted as to why this claimant would be exceptional from average and need a brace. The request for a Hinged Knee Brace is not medically necessary.

Paraffin bath: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Forearm, Wrist and Hand, Paraffin wax baths.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

Decision rationale: Paraffin provides heat. However, the MTUS/ACOEM guides note that 'during the acute to subacute phases for a period of 2 weeks or less, physicians can use passive modalities such as application of heat and cold for temporary amelioration of symptoms and to facilitate mobilization and graded exercise. They are most effective when the patient uses them at home several times a day'. Elaborate equipment or paraffin is simply not needed to administer

heat modalities; the guides note it is something a claimant can do at home with simple home hot packs made at home, without the need for anything else. As such, this paraffin request would be superfluous and not necessary, and not in accordance with MTUS/ACOEM. The request for Paraffin Bath is not medically necessary.

Multi Stim unit- plus supplied (5 month rental): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118, 121, 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, under NMES units

Decision rationale: The MTUS notes that TENS is 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. The scientific evidence related to electromyography (EMG)-triggered electrical stimulation therapy continues to evolve, and this therapy appears to be useful in a supervised physical therapy setting to rehabilitate atrophied upper extremity muscles following stroke and as part of a comprehensive physical therapy program." Given the evidence-based guidance, the use of the device might be appropriate in a supervised physical therapy setting for post-stroke rehabilitation, but not as a purchase in a home use setting for a musculoskeletal injury. For the above reasons, the request for Multi Stim unit- plus supplied (5 month rental) is not medically necessary.