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| Case Number: | CM14-0131070 | | |
| Date Assigned: | 08/20/2014 | Date of Injury: | 06/27/2012 |
| Decision Date: | 10/20/2014 | UR Denial Date: | 08/04/2014 |
| Priority: | Standard | Application Received: | 08/15/2014 |

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 Physical Medicine & Rehabilitation 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 female who has submitted a claim for tear medial cartilage or meniscus, knee associated with an industrial injury date of 06/27/2012. Medical records from 04/22/2014 to 06/19/2014 were reviewed and showed that patient complained of bilateral knee pain. Physical examination revealed tenderness over right medial joint line and full range of motion (ROM). MRI of the right knee dated 01/16/2014 revealed medial meniscus tear. Treatment to date has included pain medications. Of note, the patient was not noted to be actively participating in a rehabilitation program. There was no discussion of a recent surgery as well. Utilization review dated 08/04/2014 denied the request for DonJoy Iceman Clearcube x 1 because there was no indication to support cryotherapy. Utilization review dated 08/04/2014 denied the request for transcutaneous electrical nerve stimulation (TENS) 4 lead 150 days with electrodes package x 2 and batteries because there was no indication that first-line treatments have been tried and failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

DonJoy iceman clearcube x 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.odg-twc.com: Section; Knee & Leg (updated 06/05/2014) Continuous Flow Cryotherapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Continuous Flow Cryotherapy.

Decision rationale: CA MTUS does not specifically address continuous-flow cryotherapy; however, the Official Disability Guidelines recommend continuous-flow cryotherapy as an option after surgery, but not for non-surgical treatment. Postoperative use generally may be up to 7 days, including home use. In this case, the patient complained of bilateral knee pain. However, there was no documentation of recent surgery. The guidelines do not recommend the use of continuous-flow cryotherapy for non-surgical treatment. There is no clear indication for the request at this time. Therefore, the request for DonJoy iceman clearcube x 1 is not medically necessary.

TENS 4 lead 150 days with electrodes package x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Post-Operative Pain (Transcutaneous Electrical Nerve Stimula.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

Decision rationale: According to CA MTUS Chronic Pain Treatment Guidelines, TENS is not recommended as a primary treatment modality. A trial of one-month home-based TENS may be considered as a noninvasive conservative option. It should be used as an adjunct to a program of evidence-based functional restoration. A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Rental would be preferred over purchase during this trial period. In this case, the patient complained of bilateral knee pain which prompted request for TENS. However, there was no documentation of active participation by the patient in a rehabilitation program. The guidelines do not recommend the use of TENS as primary treatment modality. The request likewise failed to specify the body part to be treated. Therefore, the request for TENS 4 lead 150 days with electrodes package x 2 is not medically necessary.

Batteries 9 volt x 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Post-Operative Pain (Transcutaneous Electrical Nerve Stimula.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

Decision rationale: The dependent request ,TENS 4 lead 150 days with electrodes package x 2 , was deemed not medically necessary. Therefore, the request for Batteries 9 volt x 1 is not medically necessary.