

Case Number:	CM14-0141241		
Date Assigned:	09/10/2014	Date of Injury:	02/18/2010
Decision Date:	10/29/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	09/02/2014

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 Internal Medicine , has a subspecialty in Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 27 year-old with a date of injury of 02/18/10. A progress report associated with the request for services, dated 07/15/14, identified subjective complaints of low back pain, left knee pain, and difficulty sleeping. Objective findings included tenderness to palpation of the low back and both knees. There was decreased flexion of the left knee. Sensory deficits were noted in the L5 and S1 dermatomes. Diagnoses (paraphrased) included tri-compartmental degenerative changes of the left knee; right knee sprain/strain; lumbar sprain/strain; anxiety; sexual dysfunction; depression; and sleep disorder. Treatment had included NSAIDs. An arthroscopy on the left knee was done in August of 2010 and further surgery in January of 2013. A Utilization Review determination was rendered on 07/30/14 recommending non-certification of Pro- OTS Hinged Knee Brace; Solar Care Heating System; and X- Force TENs unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pro- OTS Hinged Knee Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (Knee and Leg)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Knee Brace

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) states that prophylactic or prolonged bracing of the knee is not recommended. The Official Disability Guidelines (ODG) state that knee braces are recommended under the following conditions:- Knee instability- Ligament insufficiency/deficiency- Reconstructed ligament- Articular defect repair- Avascular necrosis - Meniscal cartilage repair- Painful failed total knee arthroplasty- Painful unicompartmental osteoarthritis. They further note: In all cases, braces need to be used in conjunction with a rehabilitation program and are necessary only if the patient is going to be stressing the knee under load. In this case, the criteria for a brace are not met. Instability was not documented nor a concurrent rehabilitation program. Therefore, the record does not document the medical necessity for a hinged knee brace.

SolarCare Heating System: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (Low Back and Knee and Leg)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Heat; Low Back, Infrared Therapy (IR)

Decision rationale: Solar Care FIR heating delivers heat through infrared therapy. The Medical Treatment Utilization Schedule (MTUS) states that at-home application of local heat is optional. The ODG states that heat therapy is recommended as an option. Infrared (IR) therapy is not recommended over other heat therapies. It may be used in acute low back pain, but only as an adjunct to a program of evidenced-based conservative care (exercise). Since IR therapy is not recommended over other heat therapies, there is no medical necessity for this modality without documentation of effectiveness of heat therapy in this patient.

X- Force TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339, Chronic Pain Treatment Guidelines TENS Page(s): 114-117.

Decision rationale: The ACOEM section of the Medical Treatment Utilization Schedule (MTUS) states that transcutaneous electrical therapy (TENS) may be beneficial in chronic knee pain. The Chronic Pain Guidelines state that TENS is not indicated as a primary treatment modality. However, a one month trial is considered appropriate if used as an adjunct to an evidence-based program of functional restoration. The recommended types of pain include:-

Neuropathic pain- CRPS I and II- Phantom limb pain- Spasticity- Multiple sclerosis. For chronic intractable pain from these conditions, the following criteria must be met:- Documentation of pain for at least three months duration.- Evidence that other appropriate pain modalities have been tried (including medication) and failed.- A one-month trial period of the TENS unit should be documented with documentation of how often it was used, as well as the outcomes in terms of pain relief and function.- Other ongoing pain treatment should also be documented during the trial period including medication usage.- A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. In this case, the multiple criteria noted above (documentation of duration of pain, trial plan, and goal plan) have not been met. Last, recommendations are for an initial one-month trial.