

Case Number:	CM14-0215579		
Date Assigned:	01/05/2015	Date of Injury:	06/09/2003
Decision Date:	03/03/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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: Texas, Ohio, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee and foot pain reportedly associated with an industrial injury of June 9, 2003. In a Utilization Review Report dated December 9, 2014, the claims administrator denied a request for Calmare therapy, invoking non-MTUS ODG guidelines. The claims administrator referenced an RFA form received on December 1, 2014 in its determination. The applicant's attorney subsequently appealed. In a January 5, 2015 appeal letter, the attending provider suggested that the applicant pursue usage of Calmare transcutaneous electrical modulation device. In an earlier note dated November 20, 2014, the applicant reported persistent complaints of knee and foot pain. The applicant was pending a total knee arthroplasty surgery. 6/10 pain was noted. The applicant was on Norco, Voltaren, Neurontin, Tylenol with Codeine, it was acknowledged. An orthopedic knee surgery consultation and 10 sessions of Calmare were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Calmare trial ten (10) sessions.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Neuromodulation Therapy (PNT) Page(s): 98. Decision based on Non-MTUS Citation Product Description. ODG Chronic Pain Chapter, Scrambler Therapy topic.

Decision rationale: The request for Calmare was not medically necessary, medically appropriate, or indicated here. Based on the product description, Calmare seemingly represents a form of percutaneous neuromodulation therapy (PNT). However, page 98 of the MTUS Chronic Pain Medical Treatment Guidelines notes that percutaneous neuromodulation therapy is "not recommended" in the chronic pain context present here. The unfavorable MTUS position on Calmare is echoed by that of ODG's Chronic Pain Chapter Scrambler Therapy topic which notes that Calmare is deemed "not recommended" in the chronic pain context present here. Here, the attending provider did not furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable MTUS and ODG positions on the article at issue. Therefore, the request was not medically necessary.