

Case Number:	CM14-0052476		
Date Assigned:	07/07/2014	Date of Injury:	08/20/2003
Decision Date:	03/18/2015	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/21/2014

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: Arizona, Michigan

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 injured worker is a 40 year old female who sustained an industrial injury reported on 4/16/2009. She has reported a painful left knee. The diagnoses have included left knee medial meniscal tear. Treatments to date have included consultations; diagnostic imaging studies; left knee arthroscopy (2004) and treatment of internal derangement; post-operative physical therapy; home exercise program; and medication management. The work status classification for this injured worker (IW) is not noted. On 3/31/2014 Utilization Review (UR) non-certified, for medical necessity, the request for power pack, quantity 12, A4630; adhesive remover towel mint, quantity 16; and TT & SS lead wire, quantity 1, A4557. A complete UR with citing of guidelines was not available for my review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Power Pack QTY: 12.00: 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 Transcutaneous Electrotherapy. Page(s): 114-121.

Decision rationale: Per the MTUS, electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain, there are multiple transcutaneous devices described for use in the MTUS some of which are recommended and others are not. A review of the injured workers medical records that are available to me do not show that she is currently using a transcutaneous device to treat her pain, also the request for power pack is not specific to any device and without this information and based on the guidelines the request for Power Pack QTY: 12.00 is not medically necessary.

Adhesive Remover Towel Mint QTY: 16.00: 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 Transcutaneous Electrotherapy. Page(s): 114-121..

Decision rationale: Per the MTUS, electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain, there are multiple transcutaneous devices described for use in the MTUS some of which are recommended and others are not. A review of the injured workers medical records that are available to me do not show that she is currently using a transcutaneous device to treat her pain, also the request for Adhesive Remover Towel Mint QTY: 16.00 is not specific to any device and without this information and based on the guidelines the request for Adhesive Remover Towel Mint QTY: 16.00 is not medically necessary.

SS Leadwire QTY: 1: 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 Transcutaneous Electrotherapy. Page(s): 114-121.

Decision rationale: Per the MTUS, electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain, there are multiple transcutaneous devices described for use in the MTUS some of which are recommended and others are not. A review of the injured workers medical records that are available to me and that are legible do not show that she is currently using a transcutaneous device to treat her pain, also the request for SS Leadwire is not specific to any device and without this information and based on the guidelines the request for SS Leadwire QTY: 1 is not medically necessary.