

Case Number:	CM15-0113664		
Date Assigned:	06/22/2015	Date of Injury:	03/18/2014
Decision Date:	08/24/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/12/2015

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, California

Certification(s)/Specialty: Family Practice

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 58 year old female, who sustained an industrial injury on 03-18-2014. On most recent provider visit dated 02-05-2015 the injured worker has reported left knee pain and locking. On examination of the left knee revealed minimal effusion, tenderness to palpation of the medial joint line, and a positive McMurray's test medially. The diagnoses have included left knee symptomatic medial meniscal tear and left knee early osteoarthritis. Treatment to date has included steroid injections and physical therapy. The provider requested EMS unit purchase, electrodes #2 packs purchase and sheepskin pad purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMS unit purchase: 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), Knee and Leg Chapter, DME.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, MENS and NMS Page(s): 113-120.

Decision rationale: According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses, In addition, electrical stimulation in the form of NMES or EMS/MENS is not recommended due to lack of evidence for its use in chronic knee pain. In this case, the claimant had left knee arthritis and meniscal injury. In addition, indefinite use of EMS is not justified. The request for an EMS unit for purchase is not medically necessary.

Electrodes #2 packs purchase: 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), Knee and Leg Chapter, DME.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS/NMS Page(s): 113-120.

Decision rationale: According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses, In addition, electrical stimulation in the form of NMES or EMS/MENS is not recommended due to lack of evidence for its use in chronic knee pain. In this case, the claimant had left knee arthritis and meniscal injury. In addition, indefinite use of EMS is not justified. The request for an EMS unit for purchase is not medically necessary and therefore the electrodes are not medically necessary.

Sheepskin pad purchase: 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), Knee and Leg Chapter, DME.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS/NMS Page(s): 113-120.

Decision rationale: According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses, In addition, electrical stimulation in the form of NMES or EMS/MENS is not recommended due to lack of evidence for its use in chronic knee pain. In this case, the claimant had left knee arthritis and meniscal injury. In addition,

indefinite use of EMS is not justified. The request for an EMS unit for purchase is not medically necessary and therefore the sheepskin pads are not medically necessary.