

Case Number:	CM15-0125410		
Date Assigned:	07/09/2015	Date of Injury:	08/10/2007
Decision Date:	08/05/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	06/29/2015

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: California, Indiana, New

York Certification(s)/Specialty: Internal 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:

This 46 year old male sustained an industrial injury on 8/10/07. He subsequently reported knee pain. Diagnoses include right knee pain, osteoarthritis and medial meniscus tear. Treatments to date include x-ray and MRI testing, injections, knee surgery, physical therapy, injections and prescription pain medications. The injured worker continues to experience knee pain. Upon examination, there was antalgic gait, right knee effusion was present and tenderness with palpation along the medial joint line was noted. Strength of 4/ 5 was noted and McMurray's maneuver was positive. A request for Ionized SD501 Platinum Machine for Home Use was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ionized SD501 Platinum Machine for Home Use: 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) Treatment Index, 13th Edition (web) 2015, Knee and Leg, Durable Medical Equipment (DME).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg

section, DME and Other Medical Treatment Guidelines
<http://www.enagic.com/shop/en/machines/leveluk-sd501.html>.

Decision rationale: According to the Official Disability Guidelines, Ionized SD501 platinum machine for home use is not medically necessary. The SD 501 is a continuous ionized electrolysis water generator system. The term DME is defined as equipment which: can withstand repeated use; is primarily and customarily served medical purpose; generally is not useful to a person in the absence of illness or injury; and is appropriate for use in the patient's home. In this case, the injured worker's working diagnoses are right knee pain, osteoarthritis, medial meniscal tear. The date of injury is August 10, 2007. The request for authorization is dated June 18, 2015. According to an April 21, 2015 progress note the injured worker has been using an ionized water electrolysis machine that has been helping him a lot. The injured worker states since using the ionized water electrolysis machine yet been able to stop morphine and also decrease oxycodone. According to progress note dated June 18, 2015, there is no discussion or clinical rationale for the continuous ionizer electrolysis water generated system. The ionized electrolysis water according to the Official Disability Guidelines does not meet the definition for DME. Continuous ionized electrolysis water generated system does not primarily and customarily certain medical purpose. Additionally, it is useful to persons in the absence of illness and/or injury. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Ionized SD501 platinum machine for home use is not medically necessary.