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| Case Number: | CM13-0015418 | | |
| Date Assigned: | 06/06/2014 | Date of Injury: | 08/01/2011 |
| Decision Date: | 10/26/2015 | UR Denial Date: | 08/14/2013 |
| Priority: | Standard | Application Received: | 08/22/2013 |

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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

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 is a 63 year old male with a date of injury of August 1, 2011. A review of the medical records indicates that the injured worker is undergoing treatment for a left knee sprain with internal derangement and history of a meniscal tear. Medical records (July 10, 2013) indicate that the injured worker complains of left knee locking and giving away. A progress note dated June 14, 2013 notes similar subjective complaints. The physical exam (July 10, 2013) reveals tenderness of the medial and lateral joint of the left knee, with crepitus, grinding and muscle weakness. The progress note dated (June 14, 2013) documented a physical examination that showed tenderness of the medial and lateral joint of the left knee, with crepitus, grinding and muscle weakness, along with positive McMurray's and minimal laxity. The progress notes were handwritten, and portions were difficult to decipher. Treatment has included chiropractic treatment, home exercise, and imaging studies. The original utilization review (August 14, 2013) non-certified a request for the purchase of an Orthostim 4 with related supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthostim 4 (for purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Electrical stimulators (E-stim), Percutaneous electrical nerve stimulation (PENS), Pulsed radiofrequency treatment (PRF), Transcutaneous electrotherapy.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. The California MTUS Chronic Pain Medical Guidelines, state that neuromuscular electrical stimulation (NMES) devices such as OrthoStim are "Not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain." For Interferential Current Stimulation (ICS), MTUS guidelines state that "Not recommended as an isolated intervention; there is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone." The OrthoStim 4 unit is a multi-modality electrical stimulator that does high volt pulsed current (Galvanic), Interferential current (IFC), neuromuscular electrical stimulation (NMES), and pulsed DC. MTUS guidelines address the individual types of stimulation separately. MTUS states interferential stimulation can be used when pain is ineffectively controlled due to diminished effectiveness of medications, or if there are side effects or history of substance abuse or unresponsive to conservative measures. The medical documentation submitted reflects that there is no evidence that conservative measures, including but not limited to medication and physical therapy, have been ineffective for this patient. The patient does not meet the MTUS requirements for interferential therapy. Furthermore, MTUS specifically states that NMES and/or Galvanic therapy are not recommended for chronic pain. Therefore, based on the submitted medical documentation, the request for an Orthostim 4 device is not-medically necessary.

Eight (8) pack of electrodes: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Durable medical equipment (DME).

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of durable medical equipment. The ODG Guidelines state that durable medical equipment is "Recommended generally if there is a medical need". This patient's request for an Orthostim 4 device is not authorized. Therefore, a need for the requested supplies and equipment related to its use does not exist. Therefore, based on the submitted medical documentation, the request for 8 packs of electrodes is not medically necessary.

Twenty four (24) power packs: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Durable medical equipment (DME).

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of durable medical equipment. The ODG Guidelines state that durable medical equipment is "Recommended generally if there is a medical need". This patient's request for an Orthostim 4 device is not authorized. Therefore, a need for the requested supplies and equipment related to its use does not exist. Therefore, based on the submitted medical documentation, the request for 24 power packs is not medically necessary.

Adhesive remover towels (mint) #32: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Durable medical equipment (DME).

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of durable medical equipment. The ODG Guidelines state that durable medical equipment is "Recommended generally if there is a medical need". This patient's request for an Orthostim 4 device is not authorized. Therefore, a need for the requested supplies and equipment related to its use does not exist. Therefore, based on the submitted medical documentation, the request for mint adhesive remover towels is not medically necessary.

One (1) TT and SS lead wire: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Durable medical equipment (DME).

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of durable medical equipment. The ODG Guidelines state

that durable medical equipment is "Recommended generally if there is a medical need". This patient's request for an Orthostim 4 device is not authorized. Therefore, a need for the requested supplies and equipment related to its use does not exist. Therefore, based on the submitted medical documentation, the request for one TT and SS lead wire is not medically necessary.