

<b>Case Number:</b>	CM13-0015377		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	02/13/1995
<b>Decision Date:</b>	05/16/2014	<b>UR Denial Date:</b>	07/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 knee pain and knee arthritis associated with an industrial injury of February 13, 1995. Thus far, the applicant has been treated with analgesic medications, unspecified amounts of aquatic therapy over the life of the claim, and a walker. In an earlier note of June 6, 2013, the applicant's primary treating provider stated that the applicant had been previously treated with acupuncture. A home nursing assessment was sought to determine the applicant's need for durable medical equipment (DME). The applicant was requesting a home nursing assistant to facilitate performance of activities of daily living. The applicant is also requesting a motorized scooter, as he is having difficulty ambulating despite ongoing usage of a walker. The applicant was described as having advanced bilateral knee osteoarthritis. The applicant did not appear to be working, with permanent restrictions in place.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **HOME HEALTH ASSESSMENT TO DETERMINE DURABLE MEDICAL EQUIPMENT (DME) NEEDS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICES Page(s): 51. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , PAGE 51

**Decision rationale:** In this case, the injured worker intended to pursue home health services to facilitate performance of activities of daily living at home. However, as noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, home health services are not covered as stand-alone services when this is the only care being requested. In this case, the applicant is not receiving any concomitant medical services, such as wound care, IV fluids, IV antibiotics, etc. Provision of a home health assessment to determine the applicant's durable medical equipment (DME) needs, and/or to facilitate the performance of activities of daily living is not recommended. As such, the request is not medically necessary.

**A TENS UNIT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR THE USE OF TENS TOPIC Page(s): 116. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CRITERIA FOR THE USE OF TENS TOPIC, PAGE 116

**Decision rationale:** The attending provider wrote in a request for a TENS unit; however, as noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, the purchase of a TENS unit should be predicated on evidence of a favorable outcome in terms of both pain relief and function through a prior one-month trial. In this case, however, there has been no evidence of a successful one-month trial of a TENS unit before the request to purchase the device was made. Accordingly, the request is not medically necessary.

**SIX VISITS OF ACUPUNCTURE TREATMENT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The applicant has had prior acupuncture, as noted by the treating provider's note dated December 19, 2012. As noted in MTUS 9792.24.1.d, acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20f. In this case, however, there has been no demonstration of functional improvement with earlier acupuncture treatment. The applicant has seemingly failed to return to work. Permanent work restrictions remain in place. The applicant remains highly reliant on various medications and treatments, including Tylenol with codeine, physical therapy, and a home health aide. All of the above taken together, imply that the prior unspecified amounts of acupuncture were unsuccessful

and failed to effect any improvement in terms of the parameters established in section 9792.20f. Therefore, the request is not medically necessary.