

<b>Case Number:</b>	CM13-0020341		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	06/06/2011
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	08/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2013

### 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 Physical Medicine and Rehabilitation, 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:

According to the records made available for review, this is a 50-year-old male with a 6/6/11 date of injury, uni-compartment arthroplasty, right knee 7/29/13. At the time (8/12/13) of request for authorization for purchase of power wheelchair and JSTIM (TENS unit), there is documentation of subjective (headaches, dizziness, neck pain, low back pain, bilateral hip pain, bilateral knee pain, right calf pain, and bilateral ankle pain) and objective (mild tenderness with limited range of motion in his right knee) findings, current diagnoses (uni-compartmental arthroplasty, right knee, tear of the medial meniscus, and joint pain in the left leg), and treatment to date (surgery, physical therapy, and medications). Regarding the request for power wheelchair, there is no documentation of a functional mobility deficit that cannot be sufficiently resolved by the prescription of a cane or walker, the patient has insufficient upper extremity function to propel a manual wheelchair, and there is no caregiver who is available, willing, or able to provide assistance with a manual wheelchair. Regarding the request for a TENS unit, there is no documentation of a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration and a treatment plan including the specific short- and long-term goals of treatment with the TENS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PURCHASE OF POWER WHEELCHAIR:** 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 & Leg Chapter, Power mobility devices (PMDs)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices Page(s): 132.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of a functional mobility deficit that cannot be sufficiently resolved by the prescription of a cane or walker, the patient has insufficient upper extremity function to propel a manual wheelchair, and there is no caregiver who is available, willing, or able to provide assistance with a manual wheelchair, as criteria necessary to support the medical necessity of Motorized Wheelchair or Scooter. Within the medical information available for review, there is documentation of diagnoses of uni-compartmental arthroplasty, right knee, tear of the medial meniscus, and joint pain in the left leg. However, there is no documentation of a functional mobility deficit that cannot be sufficiently resolved by the prescription of a cane or walker, the patient has insufficient upper extremity function to propel a manual wheelchair, and there is no caregiver who is available, willing, or able to provide assistance with a manual wheelchair. Therefore, based on guidelines and a review of the evidence, the request for purchase of power wheelchair is not medically necessary.

**JSTIM (TENS UNIT):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tens, Chronic Pain (Transcutaneous Electrical Nerve Stimulation).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation Page(s): 113-117.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS, as criteria necessary to support the medical necessity of a month trial of a TENS unit. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of how often the unit was used, outcomes in terms of pain relief and function, and other ongoing pain treatment during the trial period (including medication use), as criteria necessary to support the medical necessity of continued TENS unit. Within the medical information available for review, there is documentation of diagnoses of uni-compartmental arthroplasty, right knee, tear of the medial meniscus, and joint pain in the left leg. In addition, there is documentation of pain of at least three months duration and evidence that other appropriate pain modalities have been tried (including medication) and failed. However, there is no documentation of a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration and a treatment plan including the specific short- and long-term goals of treatment

with the TENS. Therefore, based on guidelines and a review of the evidence, the request for JSTIM (TENS unit) is not medically necessary.