

Case Number:	CM13-0021111		
Date Assigned:	10/11/2013	Date of Injury:	11/27/2011
Decision Date:	01/09/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, is Fellowship Trained in Cardiovascular Disease, and is licensed to practice in Texas. 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 physician 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 patient is a 51-year-old male who reported injury on 11/27/2011 with mechanism of injury being the patient fell down stairs. The patient noted the braces help; however, they want new braces without neoprene. The patient was noted to have knee pain 80% of the time. The patient was noted to have a medial and lateral meniscectomy with a synovectomy and extensive synovectomy of the patellofemoral joint on 09/19/2013. The patient's diagnoses were noted to include enthesopathy of the knee, spasm of muscle, strains and sprains of the knee and leg not otherwise specified. The request was made for 1 refill of electrodes of the TENS unit, 2 unloader knee brace bilaterally total of 2, and Dendracin lotion.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 refill of electrodes for TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation Page(s): 114 & 115.

Decision rationale: California MTUS indicates the long-term use of a TENS unit is unproven as an effective treatment for pain relief and that a TENS unit is not recommended as a primary

treatment modality, but a 1 month home-based trial can be used if it used as an adjunct to a program of evidence-based functional restoration. The clinical documentation submitted for review indicated the request was made for TENS electrodes. However, the clinical documentation submitted for review fails to provide the necessity for the requested service. Additionally it failed to indicate that the patient was using it as part of a functional restoration program. Given the above, the request for 1 refill of electrodes TENS unit is not medically necessary.

Unloader knee brace, bilateral (total 2): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee chapter, regarding knee braces ..

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339 & 340.

Decision rationale: Per ACOEM Guidelines, a brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. The clinical documentation submitted for review indicated the patient's braces help a lot, but the patient needs new braces without neoprene as per the patient's statement. It was stated the patient was having some problems with the material of the brace and would like new ones. It was further noted the patient would like a knee brace for the right knee as well as the patient was noted to have increased pain in the right knee and some instability. The aforementioned documentation was prior to the patient's right knee surgery. The patient was noted to have a right knee medial and lateral meniscectomy along with an extensive synovectomy on 09/19/2013. The clinical documentation submitted for review failed to provide the necessity for new braces, although the physician requested a telorange post-operative brace. It is noted to be a prefabricated knee brace. However, there is a lack of documentation indicating the necessity for the brace. Additionally, it failed to provide the patient would be stressing the knee under load such as climbing ladder or carrying boxes to support the necessity for the request. Given the above, the request for unloader knee brace bilateral (total 2) is not medically necessary.

Dendracin lotion: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical/Compound Analgesics..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylates, Topical Analgesics Page(s): 105, 111.

Decision rationale: Per California MTUS, Topical Salicylates are recommended and topical analgesics are largely experimental in use with few randomized controlled trials to determine

efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The clinical documentation submitted for review indicated the patient had bilateral range of motion of the knee within normal limits. The patient was noted to have tenderness with palpation of medial joint line pain and the left knee and right knee was noted to have no popping or clicking. The patient was noted to have no sensory deficits, warmth, or edema. The clinical documentation submitted for review lacked documentation that trials of antidepressants and anticonvulsants had been previously tried to support the necessity for the requested medication. Additionally, it failed to provide the quantity of the lotion being requested. Given the above, the request for Dendracin lotion, unknown quantity, is not medically necessary.