

<b>Case Number:</b>	CM13-0047054		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/25/2013
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 Physical Medicine & Rehabilitation, and is licensed to practice in Maryland, Texas, and Oklahoma. 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 45-year-old male who reported an injury on 07/25/2013. The mechanism of injury occurred when the patient stepped up on a curb wearing dressing shoes, his right foot slipped backwards off the curb twisting his right knee and right ankle. The patient complains of right knee pain which he rates 9/10 on the VAS. He described the pain as aching, throbbing, and stabbing. The patient states the pain is continuous, and he felt popping with walking. The pain is worse with the lack of movement at night. Objective findings upon examination revealed decreased range of motion to the right knee and activity was limited. The patient was wearing a brace to his knee to restrict movement. The most recent clinical note dated 12/17/2013 revealed the patient continues to have complaints of right knee pain which he rates at 9/10. His activity remains limited with decreased range of motion to his right knee. The patient continues to wear the brace to restrict movement, and complains of continuous pain to the right knee with popping with walking. His treatment plan includes medication management, the use of a Transcutaneous Electrical Nerve Stimulation (TENS) unit, knee brace, and orthopedic referral.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Quantitative functional capacity evaluation: 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) Fitness For Duty.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness For Duty, Functional capacity evaluation (FCE).

**Decision rationale:** California MTUS/ACOEM states an FCE is an acceptable tool to re-assess the patient's functional status. Official Disability Guidelines state that criteria for performing a Functional Capacity Exam state that the patient must have prior unsuccessful return to work attempts, case management is hampered by complex issues, and injuries that require detailed exploration of worker's abilities. Official Disability Guidelines also state that Functional Capacity Evaluations are recommended prior to admission to a work hardening program. While the patient does have a history of objective physical findings provided in the medical record and subjective complaint of musculoskeletal discomfort, he does not meet the criteria as per Official Disability Guidelines recommendations. There is no clinical documentation provided in the medical records suggestive that the patient is being enrolled into a work hardening program, there is no documentation of any unsuccessful return to work attempts provided in the medical record. It is also stated that Functional Capacity Evaluations are not recommended as a sole purpose to determine a worker's effort or compliance. As such, the medical necessity for the quantitative Functional Capacity Evaluation cannot be determined at this time and the request for 1 quantitative Functional Capacity Evaluation is non-certified.

**1 TENS unit trial:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

**Decision rationale:** The California MTUS Guidelines state that criteria for the use of a TENS unit requires documentation of pain of at least 3 months duration; there is documentation of > 3 months of pain provided in the medical record. There should be evidence that other appropriate pain modalities have been tried and failed including medications. There is documentation that the patient is currently on muscle relaxer for pain at night with no documentation of any other pain medication regimen that the patient is on to treat his pain at this time, there is no physical therapy documentation provided in the medical record of the patient's response and/or benefit from the use of that physical therapy. There should be a 1 month trial period of TENS unit documented as adjunct to an ongoing treatment modality within a functional restoration approach. There should be documentation of how the unit was used as well as outcomes in terms of pain relief and function. There should be a treatment plan including the specific short and long-term goals of treatment with a TENS unit. There is no treatment plan information provided in the medical records with the use of a TENS unit. There is no clinical information provided in the medical record at this time suggestive that the patient is participating in any functional restoration programs at this time to be used in adjunct to the use of the TENS unit. Therefore, the medical necessity for the TENS unit trial cannot be determined at this time and the request for 1 TENS unit trial is non-certified.

