

Case Number:	CM13-0051401		
Date Assigned:	03/03/2014	Date of Injury:	05/19/2005
Decision Date:	08/29/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/14/2013

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 Anesthesiology, has a subspecialty in Pain Medicine 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 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 injured worker is a 64 year old male whose date of injury is 10/24/06. The injured worker was at work when he twisted his left knee causing it to pop. Treatment to date includes left knee arthroscopy on 03/22/07 and total knee arthroplasty. X-ray evaluation of the right knee dated 06/10/13 revealed well positioned total knee arthroplasty with no loosening of the fracture noted. There is no joint effusion. Follow up note dated 09/30/13 indicates that the injured worker complains of pain, weakness, stiffness, swelling and popping and clicking to the left knee. Diagnoses are status post total knee replacement of the left knee, anterior cruciate ligament tear of the right knee, arthritis of the right knee, left knee status post arthritis and arthroscopy and debridement of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTROTHERAPY NERVE STIMULATION (TENS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

Decision rationale: The submitted records fail to indicate that the injured worker has undergone a successful trial of TENS to establish efficacy of treatment as required by California Medical Treatment Utilization Schedule guidelines. There is no current, detailed physical examination submitted for review and no comprehensive assessment of recent treatment completed to date is provided. Therefore, the request is not medically necessary.

PT 3X4 FOR BILATERAL KNEES: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

Decision rationale: The most recent clinical information submitted for review is dated September 2013. There is no current, detailed physical examination submitted for review. There are no specific, time-limited treatment goals provided. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. California Medical Treatment Utilization Schedule guidelines would support 1-2 visits every 4-6 months for recurrence/flare-up and note that elective/maintenance care is not medically necessary.

KNEE BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Knee brace.

Decision rationale: There is no current, detailed physical examination submitted for review and no clear rationale was provided to support a knee brace at this time. The request is not in accordance with the Official Disability Guidelines and medical necessity is not established. Therefore, the request is not medically necessary.