

Case Number:	CM13-0060188		
Date Assigned:	12/30/2013	Date of Injury:	04/11/2002
Decision Date:	04/01/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/02/2013

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 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 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 70 year old male who was injured on 04/11/2002 while sustaining multiple injuries as he went to step over an aft body removal cart not stepping high enough and as a result he lost his balance, fell and landed on his left knee and in the process twisted his right wrist. Treatment history included X-rays of left knee on 04/11/2002 showed no fractures were seen and was prescribed Motrin and followed a course of conservative treatment. On 07/29/2003, he underwent arthroscopic surgery of the left knee and on 04/13/2004, he underwent arthroscopic surgery of the right knee and placed on a rehabilitation program. Medications included Aciphex, Proventil, Glucosamine Chondroitin, Uniretic and Advair inhaler. On 12/07/2013, MRI left knee w/o contrast showed severe medial compartment osteoarthritis with focal areas of chondromalacia grades three and four degenerative tearing/maceration of the body and posterior horn of the medial meniscus. Normal lateral meniscus and lateral compartment and normal cruciate ligaments. On 12/07/2013, MRI right knee without contrast showing severe medial compartment osteoarthritic changes with degenerative maceration/tearing of the body of the medial meniscus, large suprapatellar effusion, normal lateral meniscus and lateral compartment with normal cruciate ligaments. On 12/07/2013, MRI lumbar spine without contrast showing multi-level discogenic disease of the lumbar spine most prominent at L4-5, L3-4 moderate central stenosis and moderate bilateral neural foraminal narrowing, L4-5 moderate to severe central stenosis with moderate right and mild to moderate left neural foraminal narrowing. An orthopedic surgical consultation on 10/30/2013 by [REDACTED], indicates patient complained of experiencing sharp pain over the medial and lateral aspects of both knees (right greater than left). He also reports experiencing popping of both knees with motion and buckling and giving way of his knees bilaterally (right greater than left). He denies any swelling. Objective findings on exam included inspection of the lumbosacral spine revealing

no gross abnormal spinal curvature. The plumb line falls in the center of the natal cleft when the patient is asked to stand straight. There is no asymmetry noted. The Trendelenburg is negative. There is pain elicited to palpation over the supraspinous ligament at the L5-S1 level. There is no paralumbar muscle spasm but there is some muscle guarding appreciated with range of motion testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Muscle stimulator unit plus supplies: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Table 13-2 "Summary of Recommendations, Knee Disorders."

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter: Knee & Leg (Acute and Chronic), TENS (transcutaneous electrical nerve stimulation)

Decision rationale: According to the MTUS guidelines, TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. According to the ODG, it is recommended as an option for patients in a therapeutic exercise program for osteoarthritis as a treatment for pain. In this case, the provider has requested TENS unit to be used as part of the employee's independent home exercise/pain management program for osteoarthritic bilateral knees. There is documentation that the employee has tried and failed other pain modalities such as physical therapy and medications. Thus, the medical necessity for 1-month trial of TENS unit has been established, and the request for muscle stimulator unit plus supplies is certified.