

Case Number:	CM13-0062556		
Date Assigned:	12/30/2013	Date of Injury:	02/15/2013
Decision Date:	04/11/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	12/06/2013

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 Family Practice, 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:

The patient is a 44-year-old male that had a work related injury on 02/15/2013 when he was assisting a patient into the bathtub and slipped on water. The patient noted he hit his knee and back. The patient was seen on 11/26/2013 in which there was a multitude of orthopedic complaints including low back, neck pain, bilateral knee pain, and left knee pan. The left knee was initially injured, but he is overcompensating, so the right knee is beginning to bother him also. The patient also is reporting that he has pain that radiates into left arm and left shoulder. On exam the physician noted to the cervical spine pain across the trapezial ridge, range of motion is slightly restricted. The pain radiates into the left upper extremity across the C6 distribution. On exam to the left shoulder physician noted positive sign of impingement with forward flexion noted to be at 120 degrees, internal rotation 70 degrees, abduction 120 degrees, external rotation 60 degrees, impingement sign is positive. Lumbar exam reveals severe pain and spasms. Physician noted symptoms of bilateral lumbar radiculopathy, straight leg raise was positive bilaterally. Patient is unable to bend back, positive straight leg raising on the left at 40 degrees, on the right at 90 degrees. Physician noted on exam to bilateral knees, left knee range of motion is 10 to 100 degrees, right knee is 0 to 120 degrees, joint line pain with positive McMurray's. Physician does note moderate patellofemoral crepitation, positive ACL laxity. This patient has diagnoses of left knee proximal tibia osteotomy for deformity, varus deformity left knee, DJD left knee, rule out internal derangement, DJD right knee, rule out internal derangement, lumbar discogenic disease, bilateral lumbar radiculopathy, cervical discogenic disease, cervical radiculopathy, left shoulder impingement, internal derangement both knees. Physician noted on discussion that patient has a poor prognosis, and will probably require epidural/facet injections for his neck and epidurals for his lumbar spine. The patient is to continue with current medications, and recheck in 4 to 6 weeks. Current medications are Anaprox, Prilosec, and

Ultram and they were provided with 2 month supplies. The dosage and frequency were not noted in the documentation provided for review. As far as diagnostic studies, the patient did have an MRI of the lumbar spine L4-5 right paracentral disc protrusion that abuts the thecal sac, L5-S1 central focal disc protrusion that abuts the thecal sac. The neural foramen foramina are patent. MRI of the left shoulder dated 10/16/2013 shows a tear of the anterior superior glenoid labrum, supraspinatus tendonitis, and acromioclavicular joint hypertrophy. MRI of the right knee on 10/16/2013 revealed oblique tear of the body of the medial meniscus, oblique tear of the body of the anterior horn of the lateral meniscus, an 8 mm focal chondral defect within the medial facet of the patella with adjacent marrow edema, quadriceps and anserinus tendinitis, tricompartmental osteoarthritis. MRI of the left knee on 10/16/2013 revealed metallic susceptible artifact within the proximal tibia, prior medial collateral ligament repair, severe complex tear of the body and posterior horn of the medial meniscus, bucket-handle tear of the lateral meniscus, tear of the anterior crucial ligament, full thickness chondral defects are noted on the medial tibiofemoral compartment with adjacent marrow edema, tricompartmental chondromalacia.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT PURCHASE: 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 TENS Page(s): 114.

Decision rationale: The MTUS Chronic Pain Guidelines do note use of a TENS is not recommended as primary treatment modality, but a 1 month home based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. Conditions recommended for are neuropathic pain and CRPS 2, phantom limb pain, spasticity and multiple sclerosis. The medical records provided for review do not support medical necessity for a TENS unit at this time due to the fact that the MTUS Chronic Pain Guidelines do note that a TENS unit is not to be used as a primary treatment modality and should be used with an adjunct to a program of an evidence-based functional restoration. At this point, the physician has recommended the TENS unit and medication administration. No actual therapy recommendations were noted in the documentation provided. The use of a TENS unit cannot be supported with adjunct therapy. Therefore, the request is not medically necessary and appropriate.