

<b>Case Number:</b>	CM13-0067267		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	03/09/2012
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 Orthopaedic Surgery has a subspecialty 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:

This 51-year-old female police services representative sustained an industrial injury on 3/9/12. Injury occurred when she stepped on a small rock causing her right foot to twist. She sustained a right 5th metatarsal fracture. The patient was diagnosed with right ankle and foot sprain with plantar fasciitis and right knee degenerative joint disease. The patient underwent right knee arthroscopy with partial meniscectomy on 7/5/13. The 10/2/13 physical therapy evaluation relative to the right knee reported pain grade 7-9/10. Physical exam documented 3/5 right knee strength with active flexion to 110 degrees. There was medial knee incisional tenderness. Functional difficulty was documented in prolonged walking, go up and down stairs, and with recreational activities. Records indicated that the patient attended 10 physical therapy visits from 10/4/13 to 11/4/13. The each physical therapy chart note documented the patient had good response to treatment, was the same since the last visit, and was progressing as expected. Records indicated that the patient had tried a TENS unit and it helped with symptoms and reduced the amount of medications being taken. However, no formal trial had been undertaken. The 12/10/13 utilization review denied the request for a TENS unit purchase as indefinite use is not supported for post-operative pain, and a prior trial was not documented. The request for 8 physical therapy visits was denied as the request was premature given the patient had completed only 4 of 8 previously authorized visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 DME: TENS UNIT FOR 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 Transcutaneous electrotherapy, page(s) 114-116 Page(s): 114-116.

**Decision rationale:** The California MTUS do not recommend TENS unit as a primary treatment modality. A one-month home-based TENS unit trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration for certain conditions. Supported indications include neuropathic pain, complex regional pain syndrome, phantom limb pain, spasticity in spinal cord injury, and multiple sclerosis. Criteria for the use of TENS include chronic intractable pain with evidence that other appropriate pain modalities have been tried (including medications) and failed. TENS may also be an option for acute post-operative pain in the first 30 days after surgery. Guideline criteria have not been met. There is no documentation that the patient has chronic intractable neuropathic pain that has not responded to medications or physical therapy. The patient is beyond the guideline-supported 30 day post-surgical period for TENS use. Therefore, this request for DME, TENS unit for purchase is not medically necessary.

## **8 PHYSICAL THERAPY SESSIONS POST OPERATION FOR THE RIGHT KNEE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The California Post-Surgical Treatment Guidelines for meniscectomy suggest a general course of 12 post-operative visits over 12 weeks during the 6-month post-surgical treatment period. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The post-surgical treatment period would have ended 1/5/14. The patient completed 10 post-op physical therapy visits as of 11/4/13. The request for 8 additional physical therapy visits exceeds the recommended general course. There is no documentation of objective functional benefit with physical therapy care. There is no functional assessment, documentation of functional deficits, or a functional treatment plan to support the medical necessity of additional treatment. Therefore, this request for 8 physical therapy sessions post operation for the right knee is not medically necessary.