MAXIMUS Federal Services

Case Number:	CM13-0072335		
Date Assigned:	01/08/2014	Date of Injury:	08/19/2013
Decision Date:	04/21/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	12/30/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in California and Virginia. 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 30-year-old male who was injured on 08/19/2013. The patient slipped and fell at work. Prior treatment history has included acupuncture therapy. There is no documentation of prior success with inferential (IF) (was received prior to October 2013 injury). The diagnostic studies reviewed include MRI (magnetic resonance imaging) of the right lower extremity joint without contrast revealed focal high-grade chondral fissuring and delamination at the posterior aspect of the lateral femoral condyle measuring 6 mm in AP (anterior-posterior) dimension, intact menisci, collateral ligaments and cruciate ligaments, and patella alta. Progress report (PR2) dated 12/12/2013 documented the patient to have complaints of pain in the right knee. The treatment has helped and relieved his pain. He reported increased pain with walking. Objective findings on exam revealed range of motion of the right knee within normal limits. The patient was diagnosed with right knee sprain injury. The recommendation for this patient was for him to continue his treatment plan (written notes are illegible). Initial Orthopedic Report dated 11/01/2013 documented the patient reported pain in his bilateral knees. The patient was taking over the counter Aleve. Post work-related injury indicated the patient reported that he was completely able to perform activities of daily living independently, but with pain. He was unable to perform physical activities. He had an abnormal gait pattern with a limp in the right leg. On examination of his knees, the range of motion revealed extension on the right was -2 degrees, +5 degrees on the left; flexion on the right was 120 degrees, 135 degrees on the left; McMurray's test was positive on the right. There was no instability of the medial or lateral collateral ligaments; anterior Drawer test's negative; posterior Drawer test's negative; posteromedial instability was negative. The patient was diagnosed with right knee strain/sprain. It was recommended that the patient undergo right knee scope arthroscopic surgery shaving cartilage

lateral femoral condyle due to positive MRI findings of osteochondral defect of the lateral femoral condyle.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRIME DUAL TENS/EMS UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines, Section Transcutaneous electrical nerve stimulation (TENS), chroni.

Decision rationale: As per CA MTUS guidelines, Transcutaneous electrical nerve stimulation (TENS) unit are "not recommended as a primary treatment modality, but a one-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." Further guidelines indicate that a home-based treatment trial of one month may be appropriate for neuropathic pain and complex regional pain syndrome (CRPS) II. In this case, the request is for TENS unit to facilitate quicker return to work and normal activities of daily living (ADLs) for the diagnosis of right knee sprain/strain. There is no documentation that this patient has been diagnosed with CRPS II or neuropathic pain. There is no documentation adjunctive treatment of functional restoration. Thus, the request is non-certified.