

<b>Case Number:</b>	CM14-0003580		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	10/17/2012
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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. 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 45 year old male who sustained an injury on 10/17/2012 when he was struck by a falling rock on the back of his leg while fighting a fire. The patient underwent an arthroscopy of the right knee with partial medical meniscectomy, chondroplasty of the patella and trochlea, lateral retinacular release, and anterior cruciate ligament reconstruction on 01/02/2013. Follow-up consultation report dated 12/11/2013 reports the patient comes in with complaints of pain in the right shoulder which he rates a 6/10; right knee pain rated at 5/10; low back pain rated 5/10. He reports the medication is helping. On exam, there is tenderness over the right shoulder and tenderness of the lumbar spine. Lumbar range of motion is normal revealing flexion to 60; extension to 50; left and right lateral tilt 50; and left rotation 40. The patient is diagnosed with status post right knee surgery 01/02/2013; status post right arthroscopic subacromial decompression, remote; and low back pain. The patient is instructed to continue physical therapy of the right shoulder; continue with request for additional physical therapy of the right knee for a total of 8 sessions; continue exercise and medications. A TENS unit is requested as well for a trial of 60 days. Diagnostic studies reviewed include MRI of the right dated 11/03/2012 demonstrates an oblique tear posterior horn medial meniscus extending to the inferior articular surface. There is a somewhat indistinct appearance of the proximal aspect of the ACL with intermediate signal within the ACL, preservation of distal band-like anatomy, possible partial thickness or proximal ACL tear. According to the PT follow-up notes dated 06/26/2013, the patient is authorized 24 visits of physical therapy and he has completed 16 visits. Prior UR dated 01/03/2014 states a trial of physical therapy is partially certified for 6 sessions. Further certification will be based on evidence provided. A trial TENS units was not certified as there is no report of functional improvement from electrical stimulation.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **PHYSICAL THERAPY, RIGHT KNEE QTY:8:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Physical Medicine

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25. Decision based on Non-MTUS Citation KNEE-ACL REPAIR

**Decision rationale:** As per CA MTUS guidelines, Physical therapy (PT) is recommended post-surgically for ACL repair as 24 visits over 16 weeks, with a post-surgical treatment duration of 6 months. According to the PT follow-up notes dated 6/26/2013, the patient was authorized for 24 post-operative PT sessions for his right knee, and he has received 16 of those sessions. As the date of request exceeds the recommended post-surgical period for PT, the medical necessity of the 8 visits of Physical Therapy for the right knee has not been established according to the guidelines. The request is not medically necessary.

### **TENS UNIT TRIAL (X DAYS) QTY:60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTROTHERAPY, Page(s): 114-121.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114.

**Decision rationale:** According to CA MTUS, Transcutaneous Electrical Nerve Stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. The guidelines state criteria for the use of TENS; "Chronic intractable pain (for the conditions noted above): - Documentation of pain of at least three months duration. - There is evidence that other appropriate pain modalities have been tried (including medication) and failed. - A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. - Other ongoing pain treatment should also be documented during the trial period including medication usage. - A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. - A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary." Therefore, the requested TENS trial for 60 days does not meet the guidelines criteria, and accordingly it is not medically necessary.