

<b>Case Number:</b>	CM14-0013281		
<b>Date Assigned:</b>	04/14/2014	<b>Date of Injury:</b>	02/04/2010
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	12/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 Occupational 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:

This is a 56 year-old male with a 2/4/10 date of injury. The patient was seen on 10/24/13 with complaints of bilateral knee pain. Exam findings of the left knee revealed medial and lateral joint line tenderness, crepitus, negative drawer signs, negative varus stress testing, and positive mild medial patellar facet tenderness. The patient was noted to have a single point cane on this visit. The diagnosis is grade II change in the medial joint line, right knee, facet arthropathy at L3/4 and L4/5. A note from 12/10/14 states the patient had a TENS rental for one month, that the neoprene based hinged brace is for the right knee due to the MRI findings of mild to moderate effusion and medial meniscal narrowing, and a walking cane. On 11/22/13, MRI of the right knee showed minimal joint effusion with mild body myxoid fraying of the medial meniscus. Treatment to date includes PT, medications, left knee surgery (TKA in 2011). An adverse determination was received on 12/24/13. No rationale was documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Durable medical equipment: tens unit purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tens Unit.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tens Unit  
Page(s): 114-116.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines state that 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 and that other ongoing pain treatment should also be documented during the trial period including medication. According to a 12/10/13 note from the requesting provider, the patient had a TENS unit trial, however there is not enough documentation as to where it is being used, how often it was used, and objective data regarding any decrease in pain. Therefore, the request for a TENS unit for purchase is not medically necessary.

**Durable medical equipment: hinged knee brace purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340.

**Decision rationale:** The California MTUS states that a knee brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program. The Official Disability Guidelines states that prefabricated knee braces may be appropriate indications, such as knee instability, reconstructed ligament, articular defect repair, or tibial plateau fracture. The URA decision states this brace is meant for the left knee, but an RFA from November 2013 states this brace is meant for the right knee. The recent right knee MRI findings revealed a minimal joint effusion with mild myxoid fraying of the medial meniscus. The patient had a TKA to his left knee in 2011. There is no evidence of ligament instability, and no rationale as to why the patient requires a knee brace. It is unclear which knee required the brace. In addition, the Official Disability Guidelines states that knee braces are not necessarily to be used as preventative measures. Therefore, the request for a hinged knee brace is not medically necessary.

**Durable medical equipment: cane purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, TWC.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ODG, Knee and Leg Chapter Walking Aids.

**Decision rationale:** The California MTUS does not address this issue. The Official Disability Guidelines states that contralateral cane placement is the most efficacious for persons with knee osteoarthritis. In fact, no cane use may be preferable to ipsilateral cane usage as the latter resulted in the highest knee moments of force, a situation that may exacerbate pain and deformity. This patient had a left TKA in 2011 and has mild medial meniscal fraying in the right knee. There is no demonstration of severe knee arthritis in the right knee on imaging, and there is no information regarding whether the cane will be used ipsilateral or contra laterally. Therefore, the request for a cane is not medically necessary.