

<b>Case Number:</b>	CM14-0014656		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	11/30/2011
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2014

### 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 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 48 year old with an injury date on 11/30/11. Based on the 1/8/14 progress report provided by [REDACTED] the diagnoses are: 1. Right shoulder sprain 2. Left knee sprain Exam on 12/20/13 showed "range of motion painful at L-spine and left knee. Able to toe and heel walk but difficulty squatting due to left knee pain. A straight leg raise test positive at 80 degrees bilaterally. DTR: 2+ at knees and grace at ankles sensation intact to light touch and pinprick." [REDACTED] is requesting TENS unit, cane, left knee brace, and consultation with an orthopedic specialist. The utilization review determination being challenged is dated 1/7/14. [REDACTED] is the requesting provider, and he provided treatment reports from 8/8/13 to 1/8/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS UNIT:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: , TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS),

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

**Decision rationale:** This patient presents with left knee, leg, and foot pain with numbness, weakness and is s/p partial hysterectomy from 2008. The treater has asked TENS unit on 1/8/14. As of 8/29/13, patient is unable to dress herself, bathe, stand, walk, or sit normally. The 10/10/13 report states patient has had medications, physical therapy, but is still symptomatic. Patient had fifth ESWT treatment to T-spine on 10/10/13 with some improvement. Per MTUS guidelines (pg. 116), TENS units have not proven efficacy in treating chronic pain and is not recommend as a primary treatment modality, but a one month home based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and Multiple Sclerosis. 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. In this case, patient has proven unresponsive to wide range of conservative treatments and has persistent symptoms. Request for TENS unit is appropriate and within MTUS guidelines. The request is medically necessary.

**CANE:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG guidelines, knee chapter, (<http://www.odg-twc.com/odgtwc/knee.htm#Walkingaids>) Walking aids (canes, crutches, braces, orthoses, & walkers) Recommended, as indicated below. Almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Nonuse is associated with less need, negative outcome, and negative evaluation of the walking aid. (Van der Esch, 2003) There is evi

**Decision rationale:** This patient presents with left knee, leg, and foot pain with numbness, weakness and is s/p partial hysterectomy from 2008. The treater has asked TENS unit, cane, left knee brace, and consultation with an orthopedic specialist on 1/8/14. As of 8/29/13, patient is unable to dress herself, bathe, stand, walk, or sit normally. The 10/10/13 report states patient has had medications, physical therapy, but is still symptomatic. Patient had fifth ESWT treatment to T-spine on 10/10/13 with some improvement. Patient has no assistive device as of 9/30/13, but on 12/20/13 still has pain, weakness, numbness in left lower extremity, as well as painful range of motion of left knee. Regarding walking aids, ODG recommends particularly for knee pain with the disability, pain, and age-related impairments determining need. Nonuse is associated with less need, negative outcome, and negative evaluation of the walking aid. In this case, the treater has asked for a cane. Due to patient's persisting left knee pain and weakness, a cane is indicated per ODG guidelines. The request is medically necessary.

**LEFT KNEE BRACE:** Overturned

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

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

**Decision rationale:** This patient presents with left knee, leg, and foot pain with numbness, weakness and is s/p partial hysterectomy from 2008. The treater has asked left knee brace on 1/8/14. As of 8/29/13, patient is unable to dress herself, bathe, stand, walk, or sit normally. The 10/10/13 report states patient has had medications, physical therapy, but is still symptomatic. Physical exam on 12/20/13 states ACOEM recommends knee brace for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. In this case, patient has persistent knee symptoms, painful range of motion, and inability to perform activities of daily living, and has trouble squatting due to left knee pain. Requested left knee brace is consistent with ACOEM guidelines for patient's knee instability. The request is medically necessary.

**CONSULTATION WITH AN ORTHOPEDIC SPECIALIST:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, FOR INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS REGARDING REFERRALS, 7,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management,

**Decision rationale:** This patient presents with left knee, leg, and foot pain with numbness, weakness and is s/p partial hysterectomy from 2008. The treater has asked orthopedic specialist on 1/8/14 but no RFA describes rationale for request. Patient was recommended to have orthopedic consultation to hernia specialist on 3/16/12 but no evidence patient had consultation per 8/29/13 QME. As of 8/29/13, patient is unable to dress herself, bathe, stand, walk, or sit normally. The 10/10/13 report states patient has had medications, physical therapy, but is still symptomatic. No mention in any reports of suggested surgeries or orthopedic issues. Regarding consultations, ACOEM states that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, the treater has asked for consultation with orthopedic specialist and the patient is struggling with knee problems. The request is medically necessary.