MAXIMUS Federal Services

Case Number:	CM14-0019755		
Date Assigned:	05/05/2014	Date of Injury:	04/10/2007
Decision Date:	08/11/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/18/2014

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 & 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 injured worker is a 50-year-old male who reported an injury on 04/10/2007 due to continuous trauma. The injured worker complained of aching neck and right knee pain. He complained of aching and stabbing low back pain with numbness and a pins and needles sensation in the lower extremities. There was no measurable level of pain documented the physical examination dated 11/15/2013 revealed the cervical spine had some spasm, tightness, and tenderness in the paraspinal muscles. There was limited range of motion. Examination of the lumbar spine revealed spasm in the paraspinal muscles. There was limited motion. The forward flexion was only 10 degrees. There was right-sided sciatica. Examination of the right knee revealed crepitus. The examination also revealed that there was some varus/valgus laxity noted. Diagnostic testing includes electromyography and nerve conduction velocity (EMG/NCS) and an MRI of the lumbar spine. The injured worker has diagnoses of mild multilevel cervical discopathy, bilateral shoulder tendinitis, bilateral shoulder impingement, bilateral upper extremities overuse tendinitis, left index finger trigger finger, left wrist subchondral cyst, and right knee pain. The past treatment includes the use of a cane, the use of a knee brace, electrical stimulation, and medication therapy. Medications include Percocet and Norco. The dosage, duration, and frequency were not documented in the report. The current treatment plan is for a prefabricated knee brace and electrical stimulation unit. The rationale submitted reports that it is important for the injured worker to be given the above device to help facilitate rapid recovery for their industrial injury. The request for authorization forms for both requests were submitted on 11/15/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prefabricated knee brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The injured worker complained of aching neck and right knee pain. The injured worker also complained of aching and stabbing in the low back with numbness and a pins and needles sensation in the lower extremities. There was no measurable pain level noted. The California MTUS ACOEM guidelines state that a 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 (i.e., increasing the patient's confidence) 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 progress note dated 11/15/2013 had evidence that the injured worker was complaining of right knee pain. It was noted that there was some varus/valgus laxity of the right knee, but guidelines state that the use of a brace only be recommended for patellar instability, ACL tear or MCL. There were no notations in the submitted report indicating that the injured worker had any of these deficits. In the submitted documentation it shows that this is a replacement brace. It is unknown as to how long the injured worker already had the use of the knee brace. There is not enough substantial evidence warranting the continued use of a knee brace. It is also unclear as to why the injured worker is being fitted for a new knee brace after 7 years of the original date of injury. Furthermore, the request submitted does not specify which knee the brace will be used on and the duration of time the brace would be used for. As such, the request for a prefabricated knee brace is not medically necessary.

Electrical Stimulation Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

Decision rationale: The injured worker complained of aching neck and right knee pain. The injured worker also complained of aching and stabbing in the low back with numbness and a pins and needles sensation in the lower extremities. There was no measurable pain level noted. The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend a one month trial of a TENS unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been tried (including

medication) and have failed. The proposed necessity of the unit should be documented upon request. A rental would be preferred over purchase during this 30-day. The guidelines also state that a 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. The submitted report lacked any quantified evidence of failure to prior conservative care to include physical therapy, home exercise program, and/or Nonsteroidal Anti-Inflammatory Drugs (NSAIDs) use. The only notations on medications were vague and failed to note dosage, frequency, or duration. Furthermore, the guidelines stipulate that the initial trial of a TENS unit be a rental for a time period of 30 days with proper documentation of proposed necessity. The submitted request lacked a specific spot of the injured worker that electrical stimulation unit be used. As such, the Electrical Stimulation Unit is not medically necessary.