MAXIMUS Federal Services

Case Number:	CM13-0038294		
Date Assigned:	12/18/2013	Date of Injury:	09/06/2011
Decision Date:	02/13/2015	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/30/2013

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 Rehab, has a subspecialty in Interventional Spine 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 65-year-old male with a date of injury of 09/06/2011. According to progress report dated 07/09/2013, the patient is status post total knee replacement of the left knee on 04/24/2013. The patient complains of "dull/achy, moderate, exasperating pain." Under objective findings, it was noted the patient's "post-op knee condition is 60 degrees knee flexion, mild to moderate muscle guarding, positive McMurray's." According to progress report dated 10/13/2013, the patient has noticed a reduction of pain following his left knee surgery; however, there is some decreased sensation and tingling on the anterior lateral aspect of the knee. Examination revealed range of motion of the left knee elicits no pain, but lacks about 1 to 2 of extension with 125+ flexion. Mild laxity with valgus stress was noted. Request for authorization dated 09/10/2013 requested a TENS unit and physical therapy 2 times a week for 2 weeks. The utilization review denied the request on 09/18/2013. Treatment reports from 01/16/2013 through 10/30/2013 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS units Page(s): 116.

Decision rationale: This patient is status post total knee replacement of the left knee on 04/24/2013. The current request is for a TENS unit. Request for authorization (RFA) dated 09/10/2013 states that this is a request for home TENS unit and electrodes. Per MTUS Guidelines page 116, TENS units have not proven efficacy in treating chronic pain. It is not recommended as a primary treatment modality, but a 1-month home-based trial may be considered for a specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple scoliosis. When a TENS unit is indicated, a 30-day home trial is recommended and with documentation of functional improvement, additional usage may be indicated. In this case, recommendation for a TENS unit cannot be supported as the patient does not meet the criteria for its use. Furthermore, the treating physician has requested a home TENS unit without specifying duration. When a TENS unit is indicated, a 30-day home trial is recommended. The requested TENS unit is not medically necessary.

Physical Therapy twice (2) per week for six (6) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Procedure

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

Decision rationale: This patient is status post total knee replacement of the left knee on 04/24/2013. The current request is for physical therapy 2 times a week for 6 weeks. The MTUS Guidelines state that the general course of postoperative physical therapy following knee replacement is 24 visits over 16 weeks and postsurgical physical medicine treatment period is 6 months. The patient had surgery on 04/28/2013 and the treating physician made a request for physical therapy on 09/10/2013. The patient is within postsurgical guidelines. Review of the medical file indicates the patient was initially authorized 12 postoperative physical therapy sessions between 04/28/2013 through 06/18/2013. The patient was authorized additional 12 sessions on 06/27/2013. Physical therapy treatment reports are provided but they are scattered and it is unclear whether the patient participated in all previously authorized 24 treatments. The utilization review notes that the patient has completed 21 post-operative physical therapy visits to date. In this case, the treating physician has not provided any discussion regarding why the patient has not transitioned into a self-directed home exercise program. In addition, the request for additional 12 sessions with the 21 sessions already received exceeds what is recommended by MTUS Guidelines. The requested physical therapy is not medically necessary.