

<b>Case Number:</b>	CM13-0064382		
<b>Date Assigned:</b>	02/24/2014	<b>Date of Injury:</b>	05/04/1992
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 65 year old male sustained an industrial injury on 5-4-92. Documentation indicated that the injured worker was receiving treatment for chronic low back and left knee pain. Previous treatment included left knee arthroscopy (1992), left knee arthroscopy with partial lateral meniscectomy and chondroplasty (2010), lumbar laminectomy and discectomy (1992), lumbar fusion (undated), removal of lumbar hardware (undated), tens and medications. In a PR-2 dated 9-12-13, the physician noted that the injured worker needed electrode pads and batteries for transcutaneous electrical nerve stimulator unit and left knee brace without documenting a rationale for the request. In a PR-2 dated 10-10-13, the injured worker complained of back pain with radiation into the leg and knee associated with clicking, tingling, burning and weakness and left knee pain. The injured worker rated his pain 7 to 8 out of 10 on the visual analog scale. The injured worker stated that his symptoms were improved with the use of heat, ice, no activity and medications. Physical exam was remarkable for left knee with tenderness to palpation at the patellofemoral joint line, positive patellofemoral compression, patellofemoral crepitation and Apley's test, lumbar spine with decreased range of motion and positive bilateral Fabere's test and bilateral lower extremities with 5 out of 5 motor strength and intact sensation. The injured worker walked without use of a supportive device with a "mildly" antalgic gait "due to low back pain". The treatment plan included continuing medications (Norco, Gabapentin, Naproxen Sodium and Ambien), electrode pads and batteries for transcutaneous electrical nerve stimulator unit and left knee brace. On 10-17-13, Utilization Review noncertified a request for purchase of

electrode pads and batteries for transcutaneous electrical nerve stimulator unit and left knee brace.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 Purchase of Electrode Pads and Batteries for TENS Unit: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** The patient presents with chronic low back and knee pain and a history of lumbar fusion and arthroscopy of the left knee. The request is for electrode pads and batteries for a TENS unit. MTUS Guidelines state that TENS units are not recommended as isolated interventions. Selection criteria for TENS includes pain that is ineffectively controlled with medication, history of substance abuse, and significant pain from post-operative conditions. This patient is not post-op and does not have a substance abuse history. Pain control is rated a 7-8/10. The patient does not meet criteria for a TENS unit. In this case, since a TENS unit is not recommended, so the supplies of electrode pads and batteries are also not medically necessary or appropriate.

#### **Left Knee Brace: Upheld**

**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 Official Disability Guidelines (ODG) KNEE (brace).

**Decision rationale:** The patient has chronic left knee pain after being struck in the left anterior knee by a pallet on a fork lift 23 years ago. There was no reported fracture and the patient did not require surgical intervention. The request is for a knee brace for chronic knee pain. The records submitted do not support the efficacy or utility of a knee brace. The patient is able to walk without the use of assistive devices. Her pain complaints remain unchanged. There is no evidence of instability of the knee. Therefore the request is not medically necessary or appropriate.