

Case Number:	CM14-0193714		
Date Assigned:	12/01/2014	Date of Injury:	06/12/2014
Decision Date:	03/06/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/19/2014

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. 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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 46 year-old male, who was injured on June 12, 2014, while performing regular work duties. The mechanism of injury was from falling from a fifteen (15) foot ladder, resulting in a fracture of the right 5th toe. An emergency room report on June 12, 2014, indicates the injured worker left against medical advice, after having a full diagnostic work-up including x-ray's, computed tomography scans of head, cervical spine, chest, abdomen and pelvis, the injured worker was seen by an orthopedic surgeon and determined not to need surgical intervention. A primary treating physician's progress report on June 17, 2014, indicates the injured worker was complaining of right foot and knee pain, as well as, dizziness and generalized weakness. Due to the generalized weakness and dizziness the physician sent the injured worker to the emergency room for further evaluation. The records indicate there is no modified work duty available with the injured worker's employer. The records do not indicate a functional restoration based program for the injured worker. An evaluation on November 5, 2014, indicates a medical records release is to be obtained for magnetic resonance imaging of the right knee. This report is not available for this review. The request for authorization is for one (1) transcutaneous electro-nerve stimulation (TENS) unit with conductive lumbar spine and right knee sleeve; and one (1) diagnostic ultrasound of the right knee. The primary diagnosis is sprain of neck. Other associated diagnoses are right shoulder impingement syndrome, contusion and sprain/strain; right wrist sprain/strain; and right knee contusion, sprain/strain. On October 28, 2014, Utilization review non-certified the request for one (1) transcutaneous electro-nerve stimulation (TENS) unit with conductive lumbar spine and right knee sleeve; and one (1)

diagnostic ultrasound of the right knee, based on Chronic Pain Medical Treatment, and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit with conductive lumbar spine and right knee sleeve: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy.TENS, chronic pain Page(s): 114-121,114-117.

Decision rationale: Per the MTUS Transcutaneous Electrical Nerve Stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration for the treatment of neuropathic pain, CRPS, Spasticity and Multiple Sclerosis. Per the MTUS criteria for the use of TENS include but are not limited to documentation of pain for at least 3 months duration, a one month documented trial which should include how often the unit was used as well as outcomes in terms of pain relief and function, other ongoing pain treatment including medication usage, and a treatment plan including the specific short and long term goals of treatment with the TENS unit. However a review of the injured workers medical records did not reveal any documentation of the above referenced criteria for use of the TENS unit and therefore the request for TENS unit with conductive lumbar spine and right knee sleeve is not medically necessary at this time.

One (1) diagnostic ultrasound of the right knee: 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), Knee and Leg Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 329-360.

Decision rationale: Per the MTUS, special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation, so long as there is no evidence of specific parameters indicating significant fracture. Most knee problems resolve quickly once any red flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. When imaging is indicated for other reasons MRIs are preferred to arthrography for diagnosis and safety reasons, the MTUS does not mention the use of diagnostic ultrasound in the evaluation of the knee, therefore based on the guidelines the request for One (1) diagnostic ultrasound of the right knee is not medically necessary.

