

Case Number:	CM14-0194854		
Date Assigned:	12/02/2014	Date of Injury:	02/24/2000
Decision Date:	01/15/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/20/2014

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, 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 62 year old male with an injury date on 02/24/2000. Based on the 11/13/2014 progress report provided by the treating physician, the diagnoses are: 1. Chronic LBP, deg D/O2. Chronic B/L hip pain, O.A.3. Chronic B/L knee pain, s/p repeated TKA4. Comorbid hypogonadism5. Opioid dependent due to above causes6. HTN7. Hyperlipidemia8. Hypothyroidism9. Over weight According to this report, the patient complains of intermittent mild low back pain that is dull with radiating pain to the right leg and knee. The patient also complains of "right knee swell, feels pain and tight in hamstrings." Current pain is 5/10. Pain is aggravated by prolonged stand, walking and lessened by rest. Objective findings reveal the patient is unable to perform toe & heel walk due to knee pain inhibition. "AAO X3, PERLLA 3 mm symmetrical, no nystagmus, EOM full & equal." Deep tendon reflexes are trace. Patient has poor tolerance to SLR maneuver over 35 B/L. Patient current medications are Norco, klonopine, Celebrex, levothyroxine, cardure, Lisinopril, clonidine, lovaza, potacium, Flonase, VtD3, ASA, testosterone paste. There were no other significant findings noted on this report. The utilization review denied the request for 31-60 days rental TENS Unit plus 4 leads, plus supplies for the low back and Bilateral knee brace on 11/07/2014 based on the MTUS/ODG guidelines. The requesting physician provided treatment reports from 10/02/2014 to 11/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

31-60 days rental TENS Unit plus 4 leads, plus supplies for the low back: Upheld

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

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

Decision rationale: According to the 11/13/2014 report, this patient presents with intermittent mild low back pain that is dull with radiating pain to the right leg and knee. The current request is for 31-60 days rental TENS Unit plus 4 leads, plus supplies for the low back. The Utilization Review denial letter states "The claimant has not had a trial of TENS unit based on the provided medical records. Certification of a 30-day trial of a home TENS unit is recommended." Regarding TENS units, the MTUS guidelines state "not recommended as a primary treatment modality, but a one-month home-based unit trial may be considered as a noninvasive conservative option" and may be appropriate for neuropathic pain. The guidelines further state a "rental would be preferred over purchase during this trial." Review of the medical records from 10/02/2014 to 11/13/2014, show no document that the patient had a one-month trial of the TENS unit. In this case, the treating physician request for 31 to 60 days rental of the TENS unit; MTUS support "a one-month home-based unit trial." Therefore the request is not medically necessary.

Bilateral knee brace: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter Online For Knee Braces

Decision rationale: According to the 11/13/2014 report, this patient presents with intermittent mild low back pain and right knee swell, feels pain and tight in hamstrings. The current request is for Bilateral knee brace. ACOEM guidelines page 340 state "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." When ODG guidelines are consulted, criteria for knee bracing is much broader. Review of the reports show that the patient had "Chronic B/L knee pain, s/p repeated TKA." In this case, given that the patient had 2 total knee arthroplasty. The request is medically necessary.