

Case Number:	CM14-0072726		
Date Assigned:	07/16/2014	Date of Injury:	06/28/2005
Decision Date:	03/10/2015	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/19/2014

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: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, the injured worker is a 60 year-old female with a date of injury of 06/28/2005. The results of the injury include the right knee pain. Diagnoses have included right knee pain; multiligamentous strain right knee; degenerative arthritis right knee; and horizontal cleavage meniscus tear right knee, status post arthroscopic surgery. Diagnostic studies were not submitted for review. Treatments have included medications, corticosteroid injection, right knee arthroscopy with rehabilitation and home exercises, and physical therapy. A progress note from the treating physician, dated 03/25/2014, documents an evaluation of the injured worker. The injured worker reported right knee pain despite conservative treatment; pain is described as sharp, pressure-like, sore, and aching; majority of pain is located in the inner side of the knee, which is aggravated by standing for a prolonged period, squatting, and running; pain is relieved by medication and lying down. Objective findings included walking with mild antalgic gait referred to the right lower extremity; right knee mild varus alignment noted; mild swelling; flexion is 115/135 degrees; flexion contracture is 0/0; mild crepitus with range of motion; strength with knee extension is 4/5; strength with ankle plantarflexion and ankle dorsiflexion is 5/5; mild to moderate tenderness over the medial joint line; and radiographs of the right knee on 03/24/2014 revealed advanced degenerative changes with complete loss of the medial compartment space, global osteophytes formation, global subchondral sclerosis, and varus deformity noted. Work status is listed as permanent and stationary. Treatment plan was documented to include right total knee arthroplasty and post-operative treatments; and follow-up evaluation. Request is being made for a

prescription for Kneehab and a prescription for Tens Unit with Conductive. On, 05/05/2014, Utilization Review non-certified a prescription for Kneehab. Utilization Review non-certified a prescription for Kneehab based on the lack of need for Kneehab post knee arthroplasty. The Utilization Review cited the CA MTUS: Post Op Knee Arthroplasty protocol. Utilization Review non-certified a prescription for Tens Unit with Conductive. Utilization Review non-certified a prescription for Tens Unit with Conductive based on the lack of quality evidence for effectiveness. The Utilization Review cited the CA MTUS: Transcutaneous electrotherapy. Application for independent medical review was made on 05/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kneehab: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation Page(s): 121.

Decision rationale: The Kneehab is a neuromuscular electrical stimulation device causing sequential electrical stimulation of muscles. It is not indicated after a total knee arthroplasty. Neuromuscular electrical stimulation is used primarily as part of a rehabilitation program following a stroke and there is no evidence to support its use in chronic pain or after a total knee arthroplasty.

TENS unit with conductive: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation Page(s): 114, 115, 116.

Decision rationale: Transcutaneous electrical nerve stimulation is not recommended as a primary treatment modality. A one-month home based trial may be considered if used as an adjunct to a program of evidence-based functional restoration for certain conditions including neuropathic pain, CRPS 2, CRPS 1, spasticity, multiple sclerosis, etc. It is not indicated after a total knee arthroplasty. It is considered investigational for postsurgical pain. It appears to be the most effective for mild to moderate thoracotomy pain. It has been shown to be of lesser effect or not at all for other orthopedic surgical procedures. As such, the request for a TENS unit is not supported and the medical necessity is not substantiated.