

<b>Case Number:</b>	CM15-0103696		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	02/24/2000
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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: North Carolina, Georgia  
 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:

The injured worker is a 62 year old male, who sustained an industrial injury on February 24, 2000. The injured worker was diagnosed as having chronic low back pain , chronic bilateral hip pain, osteoarthritis, chronic bilateral knee pain status post repeat total knee arthroplasty, comorbid hypogonadism, opioid dependence, hypertension, hyperlipidemia, hypothyroidism, overweight, and post hepatic neuralgia. Treatment to date has included TENS and medication. Currently, the injured worker complains of right hip and knee pain and swelling, back pain radiating to the legs, and pain and tightness in the hamstrings. The Primary Treating Physician's report dated April 30, 2015, noted the injured worker reported the severity scale of pain at 7/10. Physical examination was noted to show the injured worker unable to perform toe and heel walk due to knee pain, with tenderness to palpation noted in hip and knee joints, crepitus noted with patellar grinding tight hamstrings, and poor tolerance to the straight leg raise maneuver. The injured worker's current medications were listed as Celebrex, Norco, Oxymorphone, Klonopin, Testosterone, Levothyroxine, Cardura, Lisinopril, Clonidine, Lovenza, Potassium, Flonase, Vitamin D3, and Aspirin. The treatment plan was noted to include a request for an ortho consultation for the injured worker's right hip and knee, continued daily use of the TENS unit, and continued use of topical analgesic compound cream and Celebrex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ortho consultation for the right hip & knee: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, Independent Medical Examination and Consultations, pg. 127; and on the Non-MTUS Hegmann K, Occupational Medicine Practice Guidelines, 2nd Edition (2008 Revision) - pp. 503.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, Independent Medical Examination and Consultations, pg. 127.

**Decision rationale:** ACOEM addresses the need for orthopedic specialty consultation. Reasons for such consultation include presence of any red flag findings, failure to respond as expected to a course of conservative management or consideration of surgical intervention. The medical records in this case contain no documentation of any of these indications for orthopedic consultation. As such, orthopedic consultation is not medically necessary.

**Continue use of TENS unit: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous electrical nerve stimulation (TENS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 116.

**Decision rationale:** CA MTUS states that TENS units are not first line therapy but may be considered if those treatments have failed. Indications for use include: Chronic intractable pain with documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short and long term goals of treatment with the TENS unit should be submitted. A 2 lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. In this case the medical record does not document any response of pain to TENS unit use nor does it document any short or long term goals of treatment. The request is not medically necessary.