

<b>Case Number:</b>	CM15-0107064		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	01/16/2009
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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: California

Certification(s)/Specialty: Emergency 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 42-year-old male, who sustained an industrial injury on January 16, 2009. Treatment to date has included steroid injections, medications, compression brace, ice therapy, diagnostic imaging, physical therapy, acupuncture therapy and TENS unit. Currently, the injured worker complains of progressive pain in the right elbow, bilateral hands, bilateral knees and right foot. The pain is associated with numbness and tingling in the bilateral hands and right foot and he reports weakness in the right arm and right hand. The pain is constant in frequency and severe in intensity. He rates the pain an average of a 7 on a 10point scale and describes the pain as throbbing, shooting, electric-like with associated muscle pain, pins and needles sensation and abnormal swelling. The pain is aggravated with prolonged standing, sitting and walking and with crawling and grasping. The pain is relieved with rest, medications, and heat/ice therapy. He reports that his symptoms has been worsening since the injury and the pain in his arm accounts for 40% of his pain with the pain in his calf 60% of the pain. The injured worker reports that his pain interferes with activities of daily living and he avoids physical exercise, household chores, recreation activities, yard-work and shopping. On physical examination the injured worker has a restricted range of motion over the lumbar spine, the bilateral wrists, and the bilateral knees. His lumbar spine and bilateral knee range of motion is restricted by pain. His headache negative lumbar facet loading and straight leg raise tests and negative Tinel's sign and Phalen's sign. There is a mild effusion in the bilateral knees and crepitus was noted with movement. The diagnoses associated with the request include knee pain, low back pain, wrist pain and carpal tunnel syndrome. The treatment plan includes

Norco, knee uploaded brace, TENS unit and supplies and acupuncture.

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

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

#### **Acupuncture x 6 Visits for The Knee, Back and Wrist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The requested Acupuncture x 6 Visits for The Knee, Back and Wrist, is not medically necessary. CA MTUS Acupuncture Guidelines recommend note that in general acupuncture "may be used as an adjunct to physical rehabilitation." The injured worker has pain in the right elbow, bilateral hands, bilateral knees and right foot. The pain is associated with numbness and tingling in the bilateral hands and right foot and he reports weakness in the right arm and right hand. The pain is constant in frequency and severe in intensity. He rates the pain an average of a 7 on a 10point scale and describes the pain as throbbing, shooting, electric-like with associated muscle pain, pins and needles sensation and abnormal swelling. The pain is aggravated with prolonged standing, sitting and walking and with crawling and grasping. The pain is relieved with rest, medications, and heat/ice therapy. He reports that his symptoms has been worsening since the injury and the pain in his arm accounts for 40% of his pain with the pain in his calf 60% of the pain. The injured worker reports that his pain interferes with activities of daily living and he avoids physical exercise, household chores, recreation activities, yard-work and shopping. On physical examination, the injured worker has a restricted range of motion over the lumbar spine, the bilateral wrists, and the bilateral knees. His lumbar spine and bilateral knee range of motion is restricted by pain. His headache negative lumbar facet loading and straight leg raise tests and negative Tinel's sign and Phalen's sign. There is a mild effusion in the bilateral knees and crepitus was noted with movement. The treating physician has not documented objective evidence of derived functional benefit from completed acupuncture sessions, such as improvements in activities of daily living, reduced work restrictions, or decreased reliance on medical intervention. The criteria noted above not having been met, Acupuncture x 6 Visits for The Knee, Back and Wrist is not medically necessary.

#### **Orthopedic Knee Unloader Brace Freestyle with Fitting: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Knee brace.

**Decision rationale:** The requested Orthopedic Knee Unloader Brace Freestyle with Fitting is not medically necessary. American College of Occupational and Environmental Medicine

(ACOEM), 2nd Edition, (2004), Chapter 13, Table 13-6, page 346 note that knee braces are "Recommended: Short period of immobilization after an acute injury to relieve symptoms"; and Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic) , Knee brace note "Knee brace: Recommended as indicated below. Recommend valgus knee braces for knee OA. Knee braces that produce a valgus moment about the knee markedly reduce the net knee adduction moment and unload the medial compartment of the knee, but could be impractical for many patients. There are no high quality studies that support or refute the benefits of knee braces for patellar instability, ACL tear, or MCL instability, but in some patients, a knee brace can increase confidence, which may indirectly help with the healing process. In all cases, braces need to be used in conjunction with a rehabilitation program and are necessary only if the patient is going to be stressing the knee under load." The injured worker has pain in the right elbow, bilateral hands, bilateral knees and right foot. The pain is associated with numbness and tingling in the bilateral hands and right foot and he reports weakness in the right arm and right hand. The pain is constant in frequency and severe in intensity. He rates the pain an average of a 7 on a 10point scale and describes the pain as throbbing, shooting, electric-like with associated muscle pain, pins and needles sensation and abnormal swelling. The pain is aggravated with prolonged standing, sitting and walking and with crawling and grasping. The pain is relieved with rest, medications, and heat/ice therapy. He reports that his symptoms has been worsening since the injury and the pain in his arm accounts for 40% of his pain with the pain in his calf 60% of the pain. The injured worker reports that his pain interferes with activities of daily living and he avoids physical exercise, household chores, recreation activities, yard-work and shopping. On physical examination, the injured worker has a restricted range of motion over the lumbar spine, the bilateral wrists, and the bilateral knees. His lumbar spine and bilateral knee range of motion is restricted by pain. His headache negative lumbar facet loading and straight leg raise tests and negative Tinel's sign and Phalen's sign. There is a mild effusion in the bilateral knees and crepitus was noted with movement. The treating physician has not documented physical exam evidence of knee instability or the other criteria noted above. The criteria noted above not having been met, Orthopedic Knee Unloader Brace Freestyle with Fitting is not medically necessary.

**Physical Therapy 2x6 12 Visits:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Page(s): 98-99.

**Decision rationale:** The requested Physical Therapy 2x6 12 Visits, is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, Page 98-99, recommend continued physical therapy with documented objective evidence of derived functional improvement. "The injured worker has pain in the right elbow, bilateral hands, bilateral knees and right foot. The pain is associated with numbness and tingling in the bilateral hands and right foot and he reports weakness in the right arm and right hand. The pain is constant in frequency and severe in intensity." He rates the pain an average of a 7 on a 10 point scale and describes the pain as throbbing, shooting, electric-like with associated muscle pain, pins and needles sensation and abnormal swelling. The pain is aggravated with prolonged

standing, sitting and walking and with crawling and grasping. The pain is relieved with rest, medications, and heat/ice therapy. He reports that his symptoms has been worsening since the injury and the pain in his arm accounts for 40% of his pain with the pain in his calf 60% of the pain. The injured worker reports that his pain interferes with activities of daily living and he avoids physical exercise, household chores, recreation activities, yard-work and shopping. On physical examination, the injured worker has a restricted range of motion over the lumbar spine, the bilateral wrists, and the bilateral knees. His lumbar spine and bilateral knee range of motion is restricted by pain. He headache negative lumbar facet loading and straight leg raise tests and negative Tinel's sign and Phalen's sign. There is a mild effusion in the bilateral knees and crepitus was noted with movement. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, or the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, Physical Therapy 2x6 12 Visits is not medically necessary.

### **TENS Unit Pads - 12 Pads: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic, (transcutaneous electrical nerve stimulation), Page(s): 114-116.

**Decision rationale:** The requested TENS Unit Pads - 12 Pads, is not medically necessary. Chronic Pain Medical Treatment Guidelines, TENS, chronic, (transcutaneous electrical nerve stimulation), pages 114 - 116, note "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." The injured worker has pain in the right elbow, bilateral hands, bilateral knees and right foot. The pain is associated with numbness and tingling in the bilateral hands and right foot and he reports weakness in the right arm and right hand. The pain is constant in frequency and severe in intensity. He rates the pain an average of a 7 on a 10 point scale and describes the pain as throbbing, shooting, electric-like with associated muscle pain, pins and needles sensation and abnormal swelling. The pain is aggravated with prolonged standing, sitting and walking and with crawling and grasping. The pain is relieved with rest, medications, and heat/ice therapy. He reports that his symptoms has been worsening since the injury and the pain in his arm accounts for 40% of his pain with the pain in his calf 60% of the pain. The injured worker reports that his pain interferes with activities of daily living and he avoids physical exercise, household chores, recreation activities, yard-work and shopping. On physical examination, the injured worker has a restricted range of motion over the lumbar spine, the bilateral wrists, and the bilateral knees. His lumbar spine and bilateral knee range of motion is restricted by pain. His headache negative lumbar facet loading and straight leg raise tests and negative Tinel's sign and Phalen's sign. There is a mild effusion in the bilateral knees and crepitus was noted with movement. The treating physician has not documented a current rehabilitation program, or objective evidence of functional benefit from electrical stimulation under the supervision of a licensed physical therapist nor home use. The criteria noted above not having been met, TENS Unit Pads - 12 Pads is not medically necessary.