

Case Number:	CM15-0133205		
Date Assigned:	07/27/2015	Date of Injury:	05/24/2011
Decision Date:	09/23/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/09/2015

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: Texas, New York, California
 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 applicant is a represented 60-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of May 24, 2011. In a Utilization Review report dated June 10, 2015, the claims administrator failed to approve requests for a TENS unit-monthly rental with associated professional setup fee, a lumbar support, a cane, and a hinged knee brace. The claims administrator referenced an RFA form received on June 3, 2015 in its determination. The applicant's attorney subsequently appealed. On April 23, 2015, the applicant reported ongoing complaints of knee pain status post earlier knee arthroscopy in 2012. Ancillary complaints of low back pain were reported. The applicant was described as carrying diagnoses of lumbar radiculopathy, knee arthritis/knee chondromalacia, and lumbar spondylolisthesis. Naproxen, Protonix, and Flexeril were endorsed. The applicant's gait was not clearly described or characterized. The attending provider contended that the applicant's arthritic changes and/or chondromalacia were fairly advanced. The applicant's work status was not clearly reported, although it did not appear that the applicant was working. On June 4, 2015, the applicant reported worsening low back and knee pain, 5-8/10. The note was difficult to follow as it mingled historical issues with current issues. Extracorporeal shock wave therapy for the knee was apparently sought while naproxen, Protonix, Flexeril, and tramadol were prescribed and/or dispensed. It was acknowledged that the applicant was not working. Permanent work restrictions imposed by a medical-legal evaluator were seemingly renewed. The applicant exhibited a slightly antalgic gait in the clinic. There was no mention made of the need for a

cane. The note was difficult to follow and made no explicit mention of the need for a cane or the TENS unit in question.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit Monthly Rental with Professional Set-Up: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines TENS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Procedures.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

Decision rationale: No, the request for a TENS unit monthly rental was not medically necessary, medically appropriate, or indicated here. While page 116 of the MTUS Chronic Pain Medical Treatment Guidelines does support a one-month trial of the TENS unit in applicants with chronic intractable pain of greater than three months, duration in whom other appropriate pain modalities, including pain medications, have been tried and/failed, here, however, there was no explicit mention of the applicant's having tried and/or failed other appropriate pain modalities, including pain medications, on the June 4, 2015 office visit in question. The applicant was given renewals of tramadol, naproxen, Flexeril, and other medications on that date. Page 116 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that a TENS unit be employed on a on a one-month trial basis as an adjunct to other treatment modalities within the functional restoration approach. Here, however, the applicant remained off of work, it was acknowledged on June 4, 2015. Permanent work restrictions imposed by a medical-legal evaluator were renewed on that date. It did not appear, thus, that the applicant was intent on employing the proposed TENS unit in conjunction with a program of functional restoration. Therefore, the request was not medically necessary.

LSO (Back Brace): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: Similarly, the request for a lumbar support was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 301, lumbar supports are not recommended beyond the acute phase of symptom relief. Here, the applicant was, quite clearly, well outside of the acute phase of symptom relief as of the date of the request, June 4, 2015, following an industrial injury of May 24, 2011. Introduction, selection, and/or ongoing usage of a lumbar support was not indicated at

this late stage in the course of the claim, per ACOEM. Therefore, the request was not medically necessary.

Cane: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMDs) Page(s): 99. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Knee Disorders, Canes and Crutches, page 640.

Decision rationale: Similarly, the request for a cane was likewise not medically necessary, medically appropriate, or indicated here. Recommendation: Canes and Crutches for Moderate to Severe Acute, or Subacute or Chronic Knee Pain. Canes and crutches are recommended for treatment of moderate to severe acute knee pain or subacute or chronic knee pain when the device is used to advance activity level. Indications: Moderate to severe acute knee pain or subacute or chronic knee pain. Strength of Evidence: Recommended, Insufficient Evidence (I). As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, power mobility devices are not recommended if an applicant's functional mobility deficits can be sufficiently resolved through usage of a cane, walker, and/or manual wheelchair. Here, however, the nature, extent, and/or magnitude of the applicant's functional mobility deficits (if any) was not clearly described, characterized, or expounded upon the June 4, 2015 office visit in question. The June 4, 2015 progress note suggested that the applicant had a slightly antalgic gait but made no mention of the applicant's having issues with overt instability so as to compel provision of a cane. While the Third Edition ACOEM Guidelines Knee Chapter does acknowledge that canes and crutches are recommended in the treatment of moderate-to-severe chronic knee pain when the device was used to advance the applicant's activity level, here, however, it was neither clearly stated nor explicitly established that the cane in question was needed as (a) the attending provider did not elaborate or expound upon the extent of the applicant's functional mobility deficits/gait deficits on June 4, 2015 and (b) the attending provider did not clearly state how (or if) the cane in question could be employed to advance the applicant's activity level and overall day-to-day level of functioning. Therefore, the request was not medically necessary.

Hinged Knee Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Procedures Summary online version.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

Decision rationale: Finally, the request for a hinged knee brace was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter

13, page 340, for the average applicant, a knee brace is "usually unnecessary." Rather, ACOEM notes that knee braces are generally necessary only if an applicant is going to be stressing the knee under load, such as by climbing ladders and/or carrying boxes. Here, however, the applicant was off of work, it was reported on June 4, 2015. It did not appear, thus, that the applicant was likely to be climbing ladders and/or carrying boxes. Therefore, the request was not medically necessary.