

<b>Case Number:</b>	CM15-0134349		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	09/23/2007
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 58 year old female who sustained an industrial injury on 9-23-07. Diagnoses are achilles bursitis-tendonitis right ankle, achilles tendon tear right ankle, meniscus tear bilateral knees, lumbar sprain, lumbago, cervicgia, cervical pain, and rotator cuff syndrome right shoulder. In a comprehensive follow up orthopedic examination dated 6-8-15, the treating physician reports present complaints regarding knees as sharp pain bilaterally, worsening pain, popping, clicking, stiffness, limited motion, grinding, weakness, instability, throbbing pain, and swelling, throbbing and stiffness the whole leg into the ankle. Also noted is swelling and limited range of motion to the right ankle, difficulty bearing weight and pain with walking, pain of the lumbar spine radiating to the foot, heaviness and sharp pain of the right shoulder with clicking, numbness and tingling to the right hand, limited range of motion, stiffness of the neck and difficulty sleeping. Current medications are Lycopene, Amlodipine Besy-Benazepril, and Aspirin. Physical exam notes spasm and tenderness of the lumbar region, straight leg raise is positive, range of motion is decreased and painful. There is tenderness of the right shoulder, the mid arc sign is positive, the drop test and Neer and Hawkin's signs are positive. The cervical spine is positive for spasm and there is a decreased and painful range of motion. The left and right knee are tender over the medial and lateral joint lines and the McMurray and Apley tests are positive right and left. The right ankle is swollen and there is decreased and painful range of motion. Work status is that she is retired. The treatment plan is an arthroscopy and debridement of the right knee with surgical assistant, post-operative physical

therapy, a transcutaneous electrical nerve stimulation unit and a back brace. The requested treatment is a transcutaneous electrical nerve stimulation unit for the right knee and a back brace.

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

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

**TENS unit right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Transcutaneous electrotherapy TENS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, TENS unit.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TENS unit right knee is not medically necessary. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. See the guidelines for additional details. "There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. These palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living". TENS to the knee is recommended as an option for osteoarthritis as adjunct treatment to a therapeutic exercise program. In this case, the injured worker's working diagnoses are Achilles bursitis/tendinitis right ankle; Achilles tendon right ankle tear; meniscus tear bilateral knees; lumbar sprain; lumbago; cervicgia; cervical sprain; and rotator cuff syndrome right shoulder. The date of injury is September 23, 2007. Request for authorization is June 2, 2015. There is a single progress note from the requesting provider dated May 1, 2015. There is no documentation of a 30 day TENS trial in the medical record. There is no documentation of objective functional improvement as a result of the TENS trial. TENS application to the knee is recommended as an option for osteoarthritis as adjunct treatment to a therapeutic exercise program. The diagnoses do not reflect osteoarthritis is an underlying condition. Consequently, absent clinical documentation of a 30 day TENS trial and guideline non-recommendations, TENS unit right knee is not medically necessary.

**Back Brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Lumbar supports.

**Decision rationale:** Pursuant to the ACOEM and the Official Disability Guidelines, back brace is not medically necessary. Lumbar supports have not been shown to have lasting benefits beyond the acute phase of symptom relief. Lumbar supports are not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing back pain. In this case, the injured worker's working diagnoses are Achilles bursitis/tendinitis right ankle; Achilles tendon right ankle tear; meniscus tear bilateral knees; lumbar sprain; lumbago; cervicgia; cervical sprain; and rotator cuff syndrome right shoulder. The date of injury is September 23, 2007. Request for authorization is June 2, 2015. There is a single progress note from the requesting provider dated May 1, 2015. The date of injury is 2007. The injured worker is in the chronic phase of treatment. Lumbar supports have not been shown to have lasting benefits beyond the acute phase of symptom relief. Lumbar supports are not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing back pain. Consequently, absent guideline recommendations for a back brace in the chronic stage of treatment, back brace is not medically necessary.