MAXIMUS Federal Services

| Case Number: | CM15-0135193 | | |
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| Date Assigned: | 07/30/2015 | Date of Injury: | 07/28/2010 |
| Decision Date: | 08/26/2015 | UR Denial Date: | 06/12/2015 |
| Priority: | Standard | Application Received: | 07/13/2015 |

## 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: Physical Medicine & Rehabilitation

## 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 40 year old female patient who sustained an industrial injury on June 12, 2010. A magnetic resonance imaging study of the left knee done on January 09, 2015 revealed degenerative marginal osteophytes at the medial femoral condyle articular surface and lateral femoral condyle articular surface; degenerative marginal osteophyte at the posterior aspect of the patellar upper pole and the lateral patellar articular surface, and bone marrow reconversion of the visualized distal femur and proximal tibia. A primary treating office visit dated May 06, 2015 reported chief subjective complaint of chronic low back pain and left knee pain. She states that when she takes the pain medication she is able to walk better and perform daily functions. The following diagnoses were applied: status post left knee arthroscopic debridement October 10, 2013; lumbar discogenic disease; chronic low back pain; and left knee internal derangement. The plan of care noted being referred to a specialist for left knee; continue utilizing the transcutaneous nerve stimulator unit, Norco 10/325mg and follow up in four weeks.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit supplies:** 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), Knee/Leg, Durable medical equipment (DME).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS for chronic pain, pages 114-117.

**Decision rationale:** Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has received extensive conservative medical treatment to include chronic opiate analgesics and other medication, extensive physical therapy, activity modifications, yet the patient has remained symptomatic and functionally impaired. There is no documented short-term or long-term goals of treatment with the TENS unit. Although the patient has utilized the TENS unit for some time, there is no evidence for change in functional status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the TENS treatment already rendered. As the TENS unit is not supported, the associated supplies are not medically necessary. The TENS unit supplies is not medically necessary and appropriate.

**Refer to knee specialist for left 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, Independent Medical Examination and Consultations, Chapter 7, page 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Chapter 13, pages 329-330.

**Decision rationale:** Submitted reports have not demonstrated any indication for surgical consult when the patient has unremarkable clinical findings without positive provocative testing or red-flag conditions. There is no clear necessity for the consult without acute flare or new injury. Examination has no specific neurological deficits to render surgical treatment nor is evidence for failed conservative treatment such as poor medication management, unsuccessful injections, or non-progressive physical therapy trial. The Refer to knee specialist for left knee is not medically necessary and appropriate.