

<b>Case Number:</b>	CM15-0140659		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	02/24/2011
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	07/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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

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 66 year old male patient who sustained an industrial injury on February 24, 2011. A recent primary treating office visit dated January 22, 2015 reported the patient with subjective complaint of knee, ankle and foot pain. The plan of care noted the patient continuing with acupuncture therapy. The following visit dated February 16, 2015 reported the patient having been participating in acupuncture session treating the left knee and ankle with noted improved pain. The following diagnoses were applied: post arthroscopy left knee for medial meniscectomy; patella femoral chondromalacia, left knee, and post crush injury, left foot and ankle with residual. There is recommendation for the patient to obtain a functional capacity evaluation, and continue with acupuncture. The patient is currently retired. At a follow up dated July 02, 2015 there was subjective complaint of left knee pain continues. The diagnostic impression noted the patient with twisting injury left knee, industry related and left knee pain. There is recommendation for the patient to undergo a magnetic resonance imaging of the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114.

**Decision rationale:** The California chronic pain medical treatment guidelines section on transcutaneous electrical nerve stimulation states: TENS, chronic pain (transcutaneous electrical nerve stimulation) 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, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured. This treatment option is recommended as an adjunct to a program of evidence based functional restoration. However, it is recommended for a one-month trial to document subjective and objective gains from the treatment. There is no provided documentation of a one-month trial period with objective measurements of improvement. Therefore criteria have not been met and the request is not medically necessary.

**Knee walker rental:** Overturned

**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, Walking aids.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) walker.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. Per the Official Disability Guidelines section on walkers, they are medically indicated in patient with knee pain associated with osteoarthritis. Per the progress reports, the patient has lower extremity spasms and weakness. The patient already uses a power scooter for ambulation. The patient does have the diagnoses of lower extremity internal derangement of the bilateral knees. The ODG suggest the use of walkers when there is deficits of the lower extremities that require assistance in ambulation which this patient clearly has as evidence by the provided documentation. Therefore the request is medically necessary.

**Cold therapy unit rental for 8 weeks:** 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), Cold therapy units.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) cryotherapy.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The ACOEM does recommend the at home local application of cold packs the first few days after injury and thereafter the application of heat packs. The Official Disability Guidelines section on cryotherapy states: Recommended as an option after surgery but not for nonsurgical treatment. The request is for post surgical use, but the ODG places a finite period of time (7 days) that is recommended for use after surgery. The request is in excess of this period and therefore is not medically necessary.