

Case Number:	CM15-0145338		
Date Assigned:	08/12/2015	Date of Injury:	01/29/2011
Decision Date:	09/10/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/27/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 56-year-old male who sustained an industrial injury on 1/29/11. Injury occurred when an electric car ran over his right foot and twisted his right knee. He was diagnosed with a crush injury to the right foot. Past medical history was positive for diabetes. Past surgical history was positive for anterior cruciate ligament injury and reconstruction in 2000, and right knee arthroscopic partial medial and lateral meniscectomy, chondroplasty of the patellofemoral joint and medial and lateral compartments, extensive tricompartmental synovectomy/debridement, resection of hypertrophic synovial plica, and abrasion arthroplasty with removal of loose bodies on 8/16/13. The 6/19/14 right knee MRI impression documented chondromalacia patella, medial compartment chondromalacia, and severe lateral compartment osteoarthritis with diffuse central posterior weight bearing grade IV chondromalacia, joint space narrowing and bone-on-bone apposition. The 6/22/15 orthopedic report cited persistent right knee complaints. Right knee exam documented range of motion 0-90 degrees with some valgus deformity. X-rays showed tricompartmental osteoarthritis with obliteration of the joint space in all three compartments and a valgus alignment. Authorization was requested on 7/14/15 for total right knee arthroplasty with associated pre-operative and post-operative services and durable medical equipment. Authorization was requested for a post-operative TENS unit x 4 months rental. The 7/20/15 utilization review certified the request for right total knee replacement with pre-operative testing, post-operative physical therapy, brace and crutches purchase, CPM unit rental for 21 days, and deep vein thrombosis prophylaxis for 30 days. The request for a post-

operative TENS unit x 4 months rental was modified to a 30-day rental consistent with Medical Treatment Utilization Schedule guidelines and with treating physician agreement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: TENS unit x 4 month rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, post-operative pain (transcutaneous electrical nerve stimulation) Page(s): 116-117.

Decision rationale: The California MTUS guidelines recommend TENS use as a treatment option for acute post-operative pain in the first 30 days after surgery. Guidelines state that TENS appears to be most effective for mild to moderate thoracotomy pain. It has been shown to be of lesser effect, or not at all for other orthopedic surgical procedures. Guidelines state that the proposed necessity of the unit should be documented. Guidelines have not been met. The injured worker has been certified for a total knee replacement. There is no indication that standard post-op pain management would be insufficient to warrant extended use of a TENS unit. There is no documentation that the patient was intolerant or unresponsive to pain medications during the pre-operative period. The 7/20/15 utilization review modified this request for 4 months of TENS unit rental to 30 days consistent with guidelines. There is no compelling rationale to support additional certification as an exception to guidelines at this time. Therefore, this request is not medically necessary.