

Case Number:	CM15-0183865		
Date Assigned:	09/24/2015	Date of Injury:	01/13/2011
Decision Date:	10/30/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/18/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 61 year old female, who sustained an industrial injury on 1-13-2011. A review of the medical records indicates that the injured worker is undergoing treatment for right knee degenerative arthritis. On 7-9-2015, the injured worker reported constant pain in the right knee, giving way with swelling, popping, and clicking, requiring a cane for balance. The Comprehensive Orthopedic Consultation report dated 7-9-2015, noted the injured worker had not worked since 9-5-2011. The injured worker's current medications were listed as Ibuprofen, Senata, and Tramadol. The examination of the right knee was noted to show crepitus and slight tenderness. The Physician noted x-rays demonstrated degenerative arthritis of the right knee with lateral spurs and significant patellofemoral degeneration. Prior treatments have included bilateral shoulder surgeries, physical therapy, and right knee surgery, nerve block of the left shoulder, left cervical stellate ganglion infusion, bracing, acupuncture, psychotherapy, home exercise program (HEP), right knee fluid aspiration, and medication. The Physician noted the injured worker had "failed conservative measures" recommending a right total knee replacement. The request for authorization dated 8-12-2015, requested a right total knee replacement, physical therapy 3 times a week for one month, continuous passive motion (CPM) machine, a front wheel walker, a 3-in-1 commode, a cold therapy unit, a shower chair, a RN evaluation at home, inpatient 3 days, and a transcutaneous electrical nerve stimulation (TENS) unit. The Utilization Review (UR) dated 8-19-2015, certified the requests for a right total knee replacement, physical therapy 3 times a week for one month, continuous passive motion (CPM) machine, a front wheel walker, a 3-in-1

commode, a cold therapy unit, a shower chair, a RN evaluation at home, inpatient 3 days, and non-certified the request for a transcutaneous electrical nerve stimulation (TENS) unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Transcutaneous electrical nerve stimulation (TENS) unit:

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 Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The claimant sustained a work injury in January 2011 and is being treated for chronic right knee pain after tripping and falling on cement. When seen July 2015, she had failed conservative treatments. Physical examination findings included a body mass index of 33. There was audible knee crepitus with range of motion with lateral joint line tenderness. A right total knee replacement was recommended and had been approved, Post-operative use of TENS is being requested. TENS is recommended as a treatment option for acute post-operative pain in the first 30 days post-surgery. Although rental would be preferred over purchase, low cost (under \$■) basic TENS units are available for home use and purchasing a unit would likely be more cost effective. However, the claimant has not undergone the planned procedure. Without assessing pain following surgery, predicting a need for a TENS unit would not be possible. Some patients do remarkably well after this surgery and have little pain compared with pre-operatively. The request is therefore not medically necessary.