MAXIMUS Federal Services

Case Number:	CM15-0203515		
Date Assigned:	10/20/2015	Date of Injury:	09/06/2013
Decision Date:	12/03/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/15/2015

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 46 year old male who sustained an industrial injury on 09-06-2013. On 12-26-2014, the injured worker underwent an anterior cruciate ligament reconstruction-medial meniscectomy of the right knee on 12/26/14. According to a progress report dated 09-04-2015, the injured worker reported right knee pain. He was status post arthroscopic surgery-meniscectomy. Medications and TENS treatment helped with pain. Objective findings included no edema and no swelling. Tenderness to palpation was noted. Diagnoses included knee sprain strain, meniscus tear and status post-surgical. Medications included Mobic. A new knee support with hinges was dispensed. The injured worker was to return to modified work. Follow up was indicated in 1 month. An authorization request dated 09-04-2015 was submitted for review. The requested services included knee support with hinges for the right knee and TENS patches x 2 pairs. According to a physical therapy note dated 09-18-2015, the injured worker continued to have ongoing anterior knee pain and posterior lateral knee pain. He continued to be frustrated. He had been doing his home program regularly. He received treatment consisting of therapeutic exercise using manual resistive exercise to the right knee, manual therapy and extensive review of home program. The provider noted that at this point, the injured worker could progress his weight bearing to 1 crutch and over the next 1-2 weeks could go down to independent ambulation. His home program was progressed to included further standing straight leg exercises as well as the initiation of assisted supine straight leg raises. He was to continue with his range of motion with heel slides and passive extension 3-4 times per day. Range of motion was 0 degrees extension, 135 degrees of flexion. Strength about the right lower extremity was 4 plus. He

ambulated on level ground without problems, but had difficulty with uneven surfaces or up and down inclines. Motion was good. Strength was improving. Function was limited by symptoms. According to a progress report dated 09-18-2015, the injured worker continued to have a painful popping sensation. The provider noted that authorization was being requested for arthroscopic surgery of the right knee with a presumed impingement lesion. On 09-21-2015, Utilization Review non-certified the request for transcutaneous electrical nerve stimulation (TENS) patches times 2 pairs right knee and right hinged knee support.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous electrical nerve stimulation (TENS) patches times 2 pairs (right knee): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

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. The patient is prescribed Mobic with noted benefit. From the submitted reports, the patient has chronic condition and has received extensive previous TENS trial yet the patient has remained symptomatic and functionally impaired, post arthroscopic surgery over 11 months passed. There is no documentation on how or what TENS unit is utilized, nor is there any 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. The Transcutaneous electrical nerve stimulation (TENS) patches times 2 pairs (right knee) is not medically necessary or appropriate.

Right hinged knee support: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Activity Alteration. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (Web), 2015, Knee and Leg Chapter, Knee brace.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Activity Alteration, Follow-up Visits.

Decision rationale: Review indicates the patient is s/p ACL and medial meniscectomy right knee arthroscopy on 12/26/14, over 11 months ago. The patient has made functional progress. At follow-up exam on 3/17/15 noted knee with ROM 0-130 degrees, quad tone down 10-15%, non-tender patellar without any instability. The patient was to perform sedentary work with expected full duty in July 2015. Report of 9/4/15 noted continued knee pain symptoms receiving Mobic medication. Exam showed non-tender knee without noted edema or swelling or instability. The patient was to work modified with 20 pounds limitation and no walking or standing over one hour without stairs or squatting. Clinical exam has not demonstrated any severe acute red-flag conditions or limitation in ADLs as a result of the patient's knee condition to support for this hinged knee support. Additionally, per Guidelines, prefabricated knee braces may be appropriate in patients with one of the following conditions such as Knee instability; Ligament insufficiency/ deficiency; Reconstructed ligament; Articular defect repair; Avascular necrosis; Meniscal cartilage repair; Painful failed total knee arthroplasty; Painful high tibial osteotomy; Painful uni-compartmental osteoarthritis; or Tibial plateau fracture, none demonstrated here. Functional knee braces may be considered medically necessary in the treatment of a chronically unstable knee secondary to a ligament deficiency. The medial and lateral hinge and derotational types specifically used to treat collateral ligament and cruciate ligament and/or posterior capsule deficiencies should be the "off the shelf" type. The medical necessity of an active brace may be an individual consideration in patients with abnormal limb contour, knee deformity, or large size, all of which would preclude the use of the "off the shelf" model. The patient underwent ACL-meniscectomy arthroscopic repair over 11 months ago and has no evidence of instability on multiple clinical exams. There are no high quality studies or data in published peer-reviewed literature to show functional benefit or support the benefits of an active functional knee brace compared to the off-the-shelf type, in terms of activities of daily living. In addition, many of the active functional knee braces are designed specifically for participation in elective sports, not noted in this case. Submitted reports have not adequately demonstrated the indication or clinical findings to support this hinged knee brace. The Right hinged knee support is not medically necessary or appropriate.