

Case Number:	CM15-0213373		
Date Assigned:	11/03/2015	Date of Injury:	10/15/2014
Decision Date:	12/15/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/29/2015

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: Preventive Medicine, Occupational Medicine

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 59 year old male injured worker suffered an industrial injury on 10-15-2014. The diagnoses included left knee arthroscopy 6-2015 and left knee pain. On 9-24-2015 the provider reported continued left knee pain rated 6 to 9 out of 10 and found it difficult to use the stairs. The injured worker noted improvement in the lateral left knee but more pain in the medial area. Medications in use were Naproxen and Gabapentin. The injured worker reported good results with acupuncture. He reported the current brace was too big and would like a different one. On exam, there was altered gait with limited range of motion. Prior treatments included post-operative physical therapy, acupuncture and home exercise program. The provider requested TENS unit no rationale for the use of TENS unit. The acupuncture report 9-18-2015 reported decreased pain, increased range of motion, increased muscle strength and increased activity. Diagnostics included left knee magnetic resonance imaging. Utilization Review on 10-6-2015 determined non-certification for TENS (transcutaneous electrical nerve stimulation) unit and left knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (transcutaneous electrical nerve stimulation) unit: Upheld

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

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

Decision rationale: MTUS Guidelines have very specific recommend criteria to justify the use of a TENS unit for chronic pain. Prior to long term use a 30 day rental and home trial is recommended. To support long-term use there needs to be clear documentation of how the unit was used and what benefits were realized. There is no documentation of the recommended trial period and subsequent benefits. There are no unusual circumstances to justify an exception to Guidelines. The request for the TENS (transcutaneous electrical nerve stimulation) unit is not supported by Guidelines and is not medically necessary.

Left Knee Brace: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg - Knee brace, criteria for use.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee/bracing.

Decision rationale: MTUS Guidelines support the limited use of bracing if there is stability in the affected knee. ODG Guidelines provide additional specifics regarding the use of a brace. The post surgical MRI findings support the presence of chronic ligament instability with the chronic changes in the MCL ligament structure. Even if there was not a measured instability, this pathology could certainly feel like instability and diminishing stresses on the ligament would be helpful. Under these circumstances, the left knee brace is consistent with Guidelines and is medically necessary.