

Case Number:	CM15-0221416		
Date Assigned:	11/17/2015	Date of Injury:	12/12/2010
Decision Date:	12/31/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/10/2015

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 53-year-old female who sustained an industrial injury on 12/12/10. Injury to the right knee occurred when she missed a step on a ladder. Past medical history was positive for diabetes. She underwent a right knee arthroscopy with anterior cruciate ligament (ACL) reconstruction and partial medial and lateral meniscectomies 2/24/12, and right knee arthroscopy with ACL repair on 6/15/15. Conservative treatment had included post-op physical therapy, bracing, injections, acupuncture, medications, and activity modification. The 9/23/15 treating physician report cited grade 10/10 constant right knee pain. She reported that the knee tended to give out on her. Pain was aggravated with weight bearing activities, climbing, cold weather, and repetitive bending, stooping, kneeling, squatting, and twisting. Pain was relieved with rest, activity modification, and heat. Knee exam documented tenderness to palpation in the medial peripatellar area on the right. Apley's test was positive bilaterally, and McMurray's test was positive on the right. Right knee range of motion was 0-100 degrees. Additional symptoms included grade 6-7/10 bilateral shoulder and wrist pain, neck pain, and grade 10/10 low back pain radiating to her right hip, leg and foot with numbness and tingling. The diagnosis included recurrent right knee meniscus tear, cervical and bilateral wrist and shoulder sprain/strain, and lumbar discogenic back pain with radiculitis. A transcutaneous electrical nerve stimulation (TENS) unit was prescribed for treatment of the sequelae arising out of her industrial injuries. An MR arthrogram of the right knee was recommended, as her previous studies were too old. Authorization was requested for an outpatient right knee arthroscopy with partial medial meniscectomy and debridement, and a TENS unit purchase. The 10/28/15 utilization review non-certified the request for outpatient right knee arthroscopy with partial medial meniscectomy and debridement as there was no updated imaging to correlate with history and physical exam. The request for a TENS unit purchase was non-certified as guidelines do not recommend purchase of a TENS unit in the absence of a documented successful one month trial of a home TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy with partial medial meniscectomy and debridement, outpatient:
Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg: Meniscectomy.

Decision rationale: The California MTUS guidelines state that surgical consideration may be indicated for patients who have activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. Guidelines support arthroscopic partial meniscectomy for cases in which there is clear evidence of a meniscus tear including symptoms other than simply pain (locking, popping, giving way, and/or recurrent effusion), clear objective findings, and consistent findings on imaging. The Official Disability Guidelines criteria for meniscectomy include conservative care (exercise/physical therapy and medication or activity modification) plus at least two subjective clinical findings (joint pain, swelling, feeling or giving way, or locking, clicking or popping), plus at least two objective clinical findings (positive McMurray's, joint line tenderness, effusion, limited range of motion, crepitus, or locking, clicking, or popping), plus evidence of a meniscal tear on MRI. Guideline criteria have not been met. This injured worker presents with severe right knee pain with giving way. She underwent a right knee arthroscopy with ACL repair on 6/15/15. Clinical exam findings are generally consistent with a meniscal tear. However, there is no imaging documented in the post-operative period. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial for the right knee and failure has not been submitted. Therefore, this request is not medically necessary.

TENS (transcutaneous electrical nerve stimulation) unit, purchase: 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: The California Medical Treatment Utilization Schedule guidelines do not recommend TENS (transcutaneous electrical nerve stimulation) 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 chronic intractable pain. Criteria for a one-month trial of a TENS unit includes documentation of pain of at least 3 months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a treatment plan including specific short and long-term goals of treatment and other on-going pain treatment during the trial period. Documentation of the one-month trial period of the TENS unit should include how often the unit was used, outcomes in terms of pain relief and function, and medication usage. Guideline criteria have not been met. This injured worker presents with multiple complaints of pain, involving the neck, back, shoulders, wrists, and knees. There is no documentation that other appropriate pain modalities had been tried (including medications) and had failed. There is no evidence that the injured worker had completed a one-month trial period using a TENS unit with objective documentation of pain relief, function, and reduced medication use. In the absence of this documentation, a TENS unit purchase is not recommended. Therefore, this request is not medically necessary.