

Case Number:	CM14-0160230		
Date Assigned:	10/03/2014	Date of Injury:	02/18/2009
Decision Date:	10/30/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	09/30/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 56-year-old male who reported an injury on 02/18/2009. While working as a bus driver, he stubbed his big toe and then fell on his right knee and elbow. The injured worker complained of knee pain, lower back pain, left elbow pain, and right hip pain. The diagnoses included internal derangement of the right knee, internal derangement of the left knee, and discogenic lumbar with radiculopathy, left big toe contusion, and epicondylitis medially to the left elbow. The prior surgeries included a medial epicondyle release, status post left knee meniscectomy medially and laterally, an anterior cruciate ligament augmentation, and a right knee meniscectomy medially and laterally with anterior cruciate ligament (ACL) rupture. The prior treatments included a Functional Capacity Evaluation, neurological consult, acupuncture, electrodiagnostics, physical therapy 24 visits, transcutaneous electrical nerve stimulator (TENS) unit, lumbar epidural steroid injections, nerve blocks, chiropractic therapy, and medications. Prior diagnostics included an MRI to the lumbar spine, knees, and elbows, along with x-rays. The medications included Naproxen 550 mg, Tramadol extended release 150 mg, and Flexeril 7.5 mg. Visual analog scale (VAS) was not provided. The objective findings dated 09/05/2014 revealed tenderness along the epicondyle, and satisfactory motion of the elbow. Weak grip, anterior portal of the ACL revealed some tenderness, knee extension was 165 degrees and flexion was 105 degrees, medial joint line of the right knee was noted as well, and instability was not an issue. The injured worker had a weight gain of 45 pounds. The treatment plan included pads for TENS unit, upper knee addition, lower defiance brace, lower knee addition, and hinged elbow brace. The Request for Authorization dated 09/30/2014 was submitted with the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

One transcutaneous electrical nerve stimulation (TENS) pad: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Section Page(s): 114 - 115.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS, Page(s): 116.

Decision rationale: The California MTUS guidelines do not recommend a TENS unit as a primary treatment modality. 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. The results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. There is a lack of documentation indicating significant deficits upon physical exam and the efficacy of the TENS unit. As such the request for pads for the TENS unit is not medically necessary.

One defiance brace, molded plastic: 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 & Leg (Acute & Chronic) Chapter, Knee Brace Section

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 329-330. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Knee Brace.

Decision rationale: The request for one defiance brace, molded plastic is not medically necessary. The California MTUS/ ACOEM indicate that Relieving discomfort can be accomplished most safely by temporary immobilization, reduction in weight bearing, and systemic nonprescription analgesics. The Official Disability Guidelines recommend braces for the criteria below. Custom-fabricated knee braces may be appropriate for patients with the following conditions which may preclude the use of a prefabricated model: Valgus [knock-kneed] limb, Varus [bow-legged] limb, tibial varum, Disproportionate thigh and calf (e.g., large thigh and small calf) Minimal muscle mass on which to suspend a brace, Skin changes, such as: Excessive redundant soft skin, Thin skin with risk of breakdown (e.g., chronic steroid use), Severe osteoarthritis (grade III or IV), Maximal off-loading of painful or repaired knee compartment (example: heavy patient; significant pain) Severe instability as noted on physical examination of knee. The clinical notes dated 07/11/2014 state that the injured worker has an uploading brace. The documentation did not indicate or provide a justification for the need of another brace. The request did not address the location that the brace was needed for, as such, the request is not medically necessary.

Lower knee addition: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 329-330. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Knee Brace.

Decision rationale: As the primary service is not supported, this associated service is also not supported.

Upper knee addition: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 329-330. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Knee Brace.

Decision rationale: As the primary service is not supported, this associated service is also not supported.

Hinged elbow brace: 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), Elbow Chapter, Splinting (Padding) Section

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 21-22.

Decision rationale: The request for hinged elbow brace is not medically necessary. The California MTUS/ACOEM indicates that comfort is often a patient's primary concern. Nonprescription analgesics will provide sufficient pain relief for most patients with acute and subacute elbow symptoms. If the patient's response to treatment is inadequate (i.e., his or her symptoms and activity limitations continue), pharmaceuticals, orthotics, or physical methods can be prescribed. Co-morbid conditions, side effects, cost, and provider and patient preferences should guide the health care professional's choice of recommendations. Comfort is often a patient's primary concern. Nonprescription analgesics will provide sufficient pain relief for most patients with acute and subacute elbow symptoms. If the patient's response to treatment is inadequate (i.e., his or her symptoms and activity limitations continue), pharmaceuticals, orthotics, or physical methods can be prescribed. Co-morbid conditions, side effects, cost, and provider and patient preferences should guide the health care professional's choice of recommendations. The following are treatment recommendations for contusion, olecranon bursitis (aseptic), non-displaced radial head fracture, dislocation of the elbow, and sprain of the

elbow, biceps tendinosis, ulnar nerve entrapment, radial nerve entrapment, pronator syndrome, lateral epicondylalgia, and medial epicondylalgia. These treatment modalities may be administered or supervised by a number of health care professionals, including physicians, nurses, physical therapists, occupational therapists, nurse practitioners, physician assistants, etc., according to their legal scope of practice. It should be noted that for treatments of uncertain effectiveness that are free of undue risk and individual and aggregate cost, a therapeutic trial may be appropriate if side effects and effectiveness are carefully followed. The effectiveness of such a trial should be measured by objective findings appropriate for the patient and the intervention, and should be documented accordingly. The trial should be promptly discontinued if it does not result in subjective or functional improvement. The clinical notes did not address the physical findings for the elbow or the need for an elbow brace. The injured worker had surgery on the elbow and it is unclear if he had an elbow brace prior to the surgery. The request did not indicate which elbow. As such, the request is not medically necessary.