

<b>Case Number:</b>	CM14-0185986		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	07/30/2013
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] insured who has filed a claim for chronic knee and shoulder pain reportedly associated with an industrial injury of July 30, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; a knee brace; and extensive periods of time off of work. In a Utilization Review Report dated October 29, 2014, the claims administrator failed to approve a request for a TENS unit, electrodiagnostic testing of the lower extremities, a knee brace, and topical Voltaren gel. The claims administrator referenced a September 22, 2014 Request for Authorization (RFA) form and associated progress note of the same date in its Utilization Review Report. The applicant's attorney subsequently appealed. In an April 11, 2014 progress note, the applicant reported ongoing complaints of shoulder and knee pain. The applicant was placed off of work, on total temporary disability. Naproxen was endorsed. The applicant was again placed off of work, on total temporary disability, via a progress note dated May 23, 2014. The applicant stated that naproxen and muscle relaxants were not helping. Locking was appreciated about the shoulder and knee. In a June 30, 2014 Medical-legal Evaluation, it was stated that the applicant had been terminated by her former employer and no longer has a job to return to. The applicant was given diagnosis of shoulder tendonitis versus bursitis and right knee possible ACL strain versus chondromalacia. The medical-legal evaluator gave the applicant a 2% whole-person impairment rating. In a September 22, 2014 progress note, the applicant reported complaints of knee, arm, and leg pain. It was acknowledged that the applicant was not working and had last worked over a year prior, on August 27, 2013. The applicant was receiving Workers' Compensation indemnity benefits and was reporting derivative complaints of anxiety, depression, psychological stress, and financial security. The applicant was reportedly using naproxen, which he stated was helping

manage. The applicant stood 5 feet 7 inches tall, weighed 180 pounds. The applicant stated that her knee locked and gave out occasionally. The applicant had not had previous manipulative therapy or used a TENS unit, it was acknowledged. Naproxen was refilled. Voltaren gel was introduced. Electrodiagnostic testing of the bilateral lower extremities was endorsed to evaluate for possible radiculopathy. It was stated that the applicant had some findings suggestive of lumbar radiculopathy. A right knee brace was endorsed. The applicant was seemingly kept off of work. The applicant was described as having intact strength about the upper and lower extremities. Sensation was intact to sharp and light touch about the bilateral upper and bilateral lower extremities.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**TENS unit for home use, right knee, right shoulder, right thigh,:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation).

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

**Decision rationale:** As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit and/or purchase of a TENS unit beyond an initial one-month trial of the same should be predicated on evidence of favorable outcome during a one-month trial of said TENS unit, in terms of both pain relief and function. In this case, however, the attending provider seemingly sought authorization to purchase the TENS unit device without first obtaining a one-month trial of the same. The request, thus, as written, is at odds with MTUS principles and parameters. Therefore, the request is not medically necessary.

**EMG/NCV of bilateral lower extremities,:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Table 13-6,347.

**Decision rationale:** The primary presenting complaint here is that of knee pain. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 13, Table 13-6, page 347, electrical studies such as the EMG-NCV at issue are "not recommended" and, in fact, contraindicated for nearly all knee injury diagnoses. It is not clear why electrodiagnostic testing is being sought here in the face of the unfavorable ACOEM position on the same. While the attending provider wrote at the bottom of his progress note that he was ordering EMG-NCV testing to evaluate for a possible radiculopathy, the remainder of the progress note, however, contained no reference such as to issues with low back pain. The remainder of the progress note did not make any mention of suspected lumbar radiculopathy. Prior progress notes also alluded to the applicant's primary pain

generators of knee and shoulder pain. There was no mention of low back pain and/or suspected lumbar radiculopathy on prior notes or in the attending provider September 22, 2014 progress note. EMG-NCV testing of bilateral lower extremities is not, thus, indicated for the applicant's primary presenting complaint of right knee pain. Therefore, the request is not medically necessary.

**Right Hinged Knee 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 Knee and Leg Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 340.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 13, page 340, for the average applicant, using a brace is usually unnecessary. ACOEM notes that braces are typically necessary only if an applicant is going to be stressing the knee under load, such as by climbing ladders or carrying boxes. Here, however, the applicant has been placed off of work, on total temporary disability. The applicant does not seemingly have a job to return to. The applicant is unlikely to be climbing ladders and/or carrying boxes on a regular basis at home. Therefore, the request is not medically necessary.

**Topical Voltaren Gel Times Five Tubes: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs section Page(s): 112.

**Decision rationale:** As noted on page 112 of the MTUS-adopted ACOEM Guidelines, topical NSAIDs, including topical Voltaren, are indicated in the treatment of arthritis and tendonitis, in particular, that of the knee, elbow, other joints which are amenable to topical treatment. Here, the request in question did represent a first-time request for Voltaren gel. The applicant did seemingly carry a diagnosis of knee tendonitis versus knee sprain versus knee bursitis versus internal derangement of the knee. Introduction of Voltaren was indicated on or around the date in question, given the applicant's incomplete response to naproxen and intolerance of Norco. Therefore, the request was medically necessary.