

Case Number:	CM14-0091543		
Date Assigned:	07/25/2014	Date of Injury:	02/20/1998
Decision Date:	10/07/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/17/2014

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 and Rehabilitation 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 injured worker is a 60-year-old female who sustained a work related injury on 02/20/1998, when a forklift ran into her left knee. She reported ongoing discomfort on her low back, gluteal region, and lower extremities as well as her left knee region. Past medical history includes drug allergies. She states that she had three surgeries since 1998 with most recent being in 2007. She also had multiple knee arthroscopies with meniscus repairs. On exam, she had antalgic gait and limited range of motion of the knee secondary to pain. There was mild effusion. She had medial and lateral joint line tenderness to palpation. She had crepitus with range of motion (ROM) and negative Lachman's test. No varus or valgus deformities were noted. X-rays of the left knee, on 02/04/14, revealed bone on bone changes especially in the medial compartment. She had recent cortisone injection to her left knee on 8/5/14; she had injections in the past with which she had done well. Her knee replacement surgery was denied; however, she would still like to proceed with this. As per the report on 04/04/14, her medications include Ambien CR 6.25, Opana ER 20mg, soma 350, Naprelan 500, and Primlev 10/300. Diagnoses included left knee pain and left knee degenerative joint disease (DJD), severe. The request for a transcutaneous electrical nerve stimulation (TENS) Unit, cold therapy unit, and continuous passive motion machine were denied on 06/10/14 in accordance with the medical guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit: Upheld

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 Transcutaneous electrotherapy Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, TENS (transcutaneous electrical nerve stimulation)

Decision rationale: According to the California Medical Treatment Schedule guidelines, transcutaneous electrical nerve stimulation (TENS) for chronic pain, is recommended as a one-month home-based transcutaneous electrical nerve stimulation (TENS) trial which may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration for knee osteoarthritis. Additionally, the Official Disability Guidelines (ODG) criteria states that transcutaneous electrical nerve stimulation (TENS) can be used for chronic intractable pain if there is evidence that other pain modalities have been tried and failed, including medications. In this case, there is no documentation of any adjunct therapy. Furthermore, the request is for 3 months trial which exceeds the guidelines. Therefore, based on the California Medical Treatment Schedule guidelines as well as the clinical documentation, the request for transcutaneous electrical nerve stimulation (TENS), with batteries and electrodes is considered not medically necessary.

Cold Therapy Unit: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Continuous-flow cryotherapy

Decision rationale: As per the Official Disability Guidelines (ODG), cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (e.g., muscle strains and contusions) has not been fully evaluated. In this case, the injured worker is noted to have bone on bone changes especially in the medial compartment on X-ray and recommended total knee replacement which was denied. Thus, the request for cold therapy is not medically necessary.

Continuous Passive Motion Machine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Continuous passive motion (CPM)

Decision rationale: Per the Official Disability Guidelines (ODG), indications for continuous passive motion (CPM) in the hospital setting include total knee arthroplasty (TKA), anterior cruciate ligament reconstruction, open reduction and internal fixation (ORIF) of the tibial plateau or distal femur involving the joint, and for home use include up to 17 days after surgery under conditions of low postoperative mobility or inability to comply with rehabilitation exercises following a total knee arthroplasty (TKA) or revision. In this case, the request for total knee replacement has been denied; thus the request for Continuous Passive Motion Machine is not medically necessary.