Case Number:	CM14-0193303		
Date Assigned:	12/01/2014	**Date of Injury:**	01/29/2004
Decision Date:	01/13/2015	**UR Denial Date:**	10/31/2014
Priority:	Standard	**Application Received:**	11/18/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 patient is a 64-year-old with a reported date of injury of 05/21/2004, 01/29/2004 and 10/06/2007. The patient has the diagnoses of knee pain status post left total knee replacement on 02/10/2014, right knee pain status post arthroscopy on 02/04/2012, lumbar spine sprain/strain and MRI evidence of lumbar multilevel disc desiccation and mild facet degenerative joint disease from 01/16/2014. Previous treatment modalities have included physical therapy, acupuncture and manipulation under anesthesia. Per the most recent progress notes from the primary treating physician dated 10/06/2014, the patient had complaints of knee stiffness and inability to bend the knee completely. The physical exam noted decreased range of motion in the left knee with pain in flexion. Treatment plan recommendations included additional physical therapy, continuation of oral medications, home exercise program and transcutaneous electrical nerve stimulator (TENS) unit therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy left knee, 2x4: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post-Surgical Physical Therapy Page(s): 24.

Decision rationale: The California chronic pain medical treatment guidelines section on post-surgical physical therapy of the knee states: Controversy exists about the effectiveness of therapy after arthroscopic partial meniscectomy. (Goodwin, 2003) Functional exercises after hospital discharge for total knee arthroplasty result in a small to moderate short-term, but not long-term,benefit. In the short term therapy interventions with exercises based on functional activities may be more effective after total knee arthroplasty than traditional exercise programs, which concentrate on isometric muscle exercises and exercises to increase range of motion in the joint. (Minns Lowe, 2007) Accelerated perioperative care and rehabilitation intervention after hip and knee arthroplasty (including intense therapy and exercise) reduced mean hospital length of stay (LOS) from 8.8 days before implementation to 4.3 days after implementation. (Larsen, 2008)Arthritis (Arthropathy, unspecified) (ICD9 [redacted]): Postsurgical treatment, knee arthroplasty, 24 visits over 10 weeks. *Postsurgical physical medicine treatment period: 4 months.Per the most recent progress notes, the patient has completed 12 physical therapy sessions. The reason for the additional physical therapy is to focus on strengthening of the left knee to improve function and motion. However the patient is also over 4 months out form surgery. Therefore continued physical therapy is not warranted per the California MTUS recommendations as listed above. There is no indication that the patient cannot be transitioned to home physical therapy. The request is thus not medically necessary.

TENS Pads: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114.

Decision rationale: The California chronic pain medical treatment guidelines section on TENS therapy states:TENS, chronic pain (transcutaneous electrical nerve stimulation) is not recommended 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 the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, 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. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured.The provided progress notes mention the use of TENS in the treatment of this patient's pain. There however is no included documentation which states the objective results of the initial one month trial period. There is also no included objective results in terms of pain reduction or increased function as a result of the use of the TENS unit. Thus criteria have not been met for its use per the California MTUS and the request is not medically necessary.