

Case Number:	CM14-0059208		
Date Assigned:	07/09/2014	Date of Injury:	07/19/2013
Decision Date:	06/15/2015	UR Denial Date:	03/29/2014
Priority:	Standard	Application Received:	04/29/2014

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. 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:
California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57-year-old male patient who sustained an industrial injury on 07/19/2013. The accident is described as having had fallen from the ladder landing on his feet and also somewhat falling to the right side causing acute onset of right knee pain. He stated being unable to stand on his own. He subsequently went to an emergency department for evaluation and treatment with radiography study revealing a fracture. Surgery was immediately recommended and he reported undergoing surgery two days thereafter on 09/06/2013. He had a six day hospitalization, was given a knee immobilizer, crutches, and medication. The first report of illness visit dated 09/04/2013 reported the patient with subjective complaint of having right knee pain with associated right lower extremity weakness and limited range of motion. Objective findings showed the knee with diffuse swelling over the surgical site, as well as throughout the right lower extremity. The knee showed multiple surgical scars to include the most recent on 07/21/2013. There is ligamentous laxity one plus upon Lachman's, anterior and posterior drawer and valgus/varus stress tests. Grind test is positive for increased pain. Range of motion of the right knee is as follows: flexion 65 degrees and extension are negative 15 degrees. The patient is demonstrating a significant lack of motion of the right knee with pain. He ambulates with a cane and favors his right lower extremity. Radiography obtained this visit revealed healing tibial and fibular fracture with the presence of three surgical screws in the proximal tibia, which are in good position. There is also noted with hardware around the patella with wires and nails consistent with 1981 procedure. The following treating diagnoses are applied: status post right knee proximal tibial and fibular

fracture with surgery on 07/21/2013 and current post-operative residuals of pain, limited range of motion, and weakness. The patient was prescribed Voltaren XR 100mg, Norco 2. 5/325mg. He was also with recommendation to undergo a course of aquatic therapy, and obtain a STAT Doppler of the right lower extremity, ruling out a deep vein thrombosis. He is temporary totally disabled and may return to modified work in 8-12 weeks. The follow up visit dated 10/15/2013 reported that he has completed 7 out of 12 sessions of aquatic therapy treating the right knee. The patient states he is with increased range of motion and flexibility; not weight bearing. He ambulates with crutches. He is taking Voltaren XR and Norco once or twice weekly. Objective findings showed right knee with scars. There is tenderness to palpation over the surgical sites and over the patellofemoral joint. There is one plus laxity with Lachman's test. Range of motion to the right knee is as follows: flexion is at 74 degrees, extension is 12 degrees. The diagnosis negative for deep vein thrombosis per Doppler ultra sound on 09/19/2013 was added to the treating diagnoses. The plan of care involved: continue with current medications, complete aquatic therapy sessions, and follow up in 5-6 weeks. The following visit dated 11/27/2013 reported the patient having undergone a computerized tomography scan of the right knee on 07/21/2013 revealed the patient being status post open reduction/internal fixation, lateral tibial plateau 4 mm depression, 2 mm displacement with partial callus formation; the fracture line is still distinct. The plan of care noted the recommendation of a growth stimulator to promote healing. Of note, on 11/21/2013 he underwent another CT of the right knee, which showed the majority of the fracture line is still distinct. By 01/17/2014, the patient was with subjective complaint of pain in the anterolateral aspect of the thigh with mild to moderate swelling. He has completed the course of pool therapy and is currently walking without a cane and with a limp. He does use a cane for long distances. He can bear weight on the right with 90 % of weight. He does note increased pain with squatting, prolonged walking and laying on the right side. His pain is decreased with home exercises. He is still taking Norco and Voltaren XR. The patient has not been working. Objective findings showed right knee with mild swelling at the lateral knee. There is tenderness to palpation over both the medial and lateral aspect of the knee. There is also tightness and tenderness over the medial lateral thigh. The range of motion is: flexion is 105 degrees, and extension is negative three degrees. The plan of care noted the patient to undergo a course of land based therapy, discontinued Norco and Voltaren XR, and continue with home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 TENS UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS for chronic pain, pages 114-117.

Decision rationale: Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in conjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has received extensive conservative medical treatment to include chronic analgesics and other medication, extensive physical therapy, activity modifications, yet the patient has remained

symptomatic and functionally impaired. There is no documentation on how or what TENS unit is requested, whether this is for rental or purchase, nor is there any documented short-term or long-term goals of treatment with the TENS unit. There is no evidence for change in functional status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the treatment already rendered. The 1 TENS UNIT is not medically necessary and appropriate.