

<b>Case Number:</b>	CM15-0014323		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	07/30/2002
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 53 year old male, who sustained an industrial injury on 07/30/2002. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include unspecified lower leg disorder of the joint, lower leg pain in the joint and unspecified internal derangement of the knee. Treatment to date has included medication regimen, use of a single point cane, injection, and use of knee brace. In a progress note dated 12/08/2014 the treating provider reports knee pain all the time that worsens with cold weather along with the knee catching and locking. The treating physician requested authorization for anterior cruciate ligament protective left knee brace noting that the brace the injured worker is currently using is poorly fitted and is also worn out. The documentation provided did not contain the current requested treatments for purchase of an exercise kit, purchase of a transcutaneous electrical nerve stimulation unit with supplies, and a 30 day rental of a motorized compression pump. On 01/12/2015 Utilization Review non-certified the requested treatments of anterior cruciate ligament protective left knee brace, purchase of an Exercise Kit, purchase of a transcutaneous electrical nerve stimulation unit with supplies, and a 30 day rental of a motorized compression pump between the dates of 01/08/2015 to 02/22/2015, noting the Official Disability Guidelines, Treatment Index, 11th Edition(Web), 2014, Knee & Leg (Acute & Chronic), TENS (Transcutaneous electrical nerve stimulation).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One anterior cruciate ligament protective knee brace: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee and leg, knee brace.

**Decision rationale:** Although the injured employee has complaints of knee instability, there are no objective findings of laxity on physical examination. Additionally, the injured employee has not been scheduled or approved for any surgery. For these reasons, this request for an anterior cruciate ligament protective knee brace is not medically necessary.

**One purchase of an exercise kit: 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, knee and leg, home exercise kit.

**Decision rationale:** While the official disability guidelines do support the use of an exercise kit, it is unclear if this is to be used as an adjunct to physical therapy and home exercise and if so why those treatment modalities are not sufficient. There is also no documentation that the injured employee has been scheduled or approved for any knee surgery. For these multiple reasons, this request for the purchase of an exercise kit is not medically necessary.

**One purchase of a transcutaneous electrical nerve stimulation (TENS) unit with supplies: Upheld**

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

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

**Decision rationale:** All the California MTUS guidelines does recommend the use of a tens unit as an option for postoperative pain. There is no documentation of the injured employee has been approved or scheduled for a knee surgery. As such, this request for the purchase of a TENS unit is not medically necessary.

**Thirty-day rental of a motorized compression pump: 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 and leg, venous thrombosis.

**Decision rationale:** The official disability guidelines indicate that there is no peer-reviewed evidence-based literature to support the usage of a pneumatic compression device in the prevention of a pulmonary embolism. Additionally, stockings were recommended for the prevention of DVT except in stroke patients. The attached medical record does not indicate that the injured employee has a stroke history. Furthermore, there is no documentation that the knee surgery has been approved or scheduled. For these reasons, this request for a motorized compression pump is not medically necessary.