

Case Number:	CM15-0016844		
Date Assigned:	02/05/2015	Date of Injury:	02/03/2009
Decision Date:	03/30/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/29/2015

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

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 who reported injury on 02/03/2009. The mechanism of injury was the injured worker was in the process of loading the company truck with heavy tools and was walking from the storage room carrying tools to the crossing street toward the company truck when he was hit by another truck. The injured worker was thrown approximately 25 feet. The injured worker was noted to have a meniscal tear and chondroplasty repair on 07/21/2009. There was a Request for Authorization submitted for review dated 10/08/2014. The request was made for a prime dual TENS/EMS unit. The injured worker underwent an MRI of the left knee on 10/25/2014 which revealed an oblique tear of the body of the medial meniscus; there was mucoid degeneration within the posterior horn; there was medial tibiofemoral chondromalacia and quadriceps and patellar tendinosis along with tricompartmental DJD and laxity of the posterior cruciate ligament. The documentation of 10/14/2014 revealed the injured worker was noted to have complaints of residual pain and muscle spasms. The injured worker complained of numbness, tingling and pain radiating to the right foot. The medications included Advil. The physical examination revealed tenderness to palpation over the medial and lateral joint line and to the patellofemoral joint. The injured worker had decreased range of motion on flexion. The injured worker had slightly decreased sensation to pinprick and light touch at the L4, L5 and S1 dermatomes in the left lower extremity. Motor strength was decreased in all the represented muscle groups in the left lower extremity secondary to pain. The diagnoses included left knee degenerative joint disease, status post left knee meniscus repair with residual pain and rule out left knee internal derangement. The treatment plan included medications and a urinalysis. The

medications and treatments requested included Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, cyclobenzaprine cream and ketoprofen, x-rays of the left knee, an MRI of the left knee, EMG/NCV of the bilateral lower extremities, physical therapy and acupuncture for the left knee, shockwave therapy and a TENS unit for home use and a hot and cold unit and Terocin patches. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (transcutaneous electrical nerve stimulation) unit: Upheld

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

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

Decision rationale: The California Medical Treatment & Utilization Schedule recommends a one month trial of a TENS unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. The clinical documentation submitted for review failed to indicate the injured worker would be utilizing the TENS unit as an adjunct to a program of evidence based functional restoration. The request as submitted failed to indicate whether the unit was for rental or purchase. Given the above, the request for TENS transcutaneous electrical nerve stimulation unit is not medically necessary.

TENS (transcutaneous electrical nerve stimulation) supplies (4 pairs of electrodes, 4 9 volt batteries and 1 pair bifurcated lead wires): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

1 MRI (magnetic resonance imaging) of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343, 347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Knee & Leg Chapter, MRI?s (magnetic resonance imaging)

Decision rationale: The American College of Occupational and Environmental Medicine indicates that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. An MRI was noted to be valuable in the tear of an ACL. They do not specifically address the criteria for performance of an MRI of the knee. As such, secondary guidelines were sought. The Official Disability Guidelines indicate a repeat MRI is recommended postsurgically if there is a need to assess knee cartilage repair tissue. The clinical documentation submitted for review stated the injured worker had previously undergone surgical intervention, which would support the injured worker had a prior MRI. There was a lack of documentation indicating the injured worker had a significant change in symptomatology and findings. Additionally, there was a lack of documentation the request was made to assess knee cartilage repair tissue. Given the above, the request for 1 MRI of the left knee is not medically necessary.