

<b>Case Number:</b>	CM15-0119348		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	09/13/2012
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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, 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 64 year old male who sustained an industrial injury on 09/13/2012 when he fell from a truck. The injured worker was diagnosed with left ankle fracture and underwent repair. This was complicated by infection requiring a left below the knee amputation (no date documented). Current diagnoses include right shoulder strain, lumbar sprain/strain and skin irritation at left knee/prosthesis area. Treatment to date has included diagnostic testing, surgical interventions with post-operative physical therapy, left below the knee prosthetic device, ambulatory devices and medications. According to the primary treating physician's progress report on May 8, 2015, the injured worker continues to experience right shoulder pain secondary to ambulating with a cane post amputation. The injured worker rates his shoulder pain level at 8/10. The injured worker also reports mild low back pain and left leg stump pain rated at 3-4/10. Examination of the right shoulder demonstrated tenderness to palpation to the anterior and lateral joint with normal functional range of motion. Motor strength and testing, sensory, deep tendon reflexes and vascular status were intact. The lumbar spine examination noted some mild tenderness to palpation of the lower lumbar area, predominantly on the right side. Range of motion, sensory and motor strength was intact on the right lower extremity. The left knee amputation site showed some skin tag and irritation from the prosthetic device. Palpation over the stump was non-tender. The injured worker denies phantom pain. Gait was antalgic with use of a cane. Current medication is Ibuprofen. The injured worker is Permanent & Stationary (P&S). Treatment plan consists of acupuncture therapy for the right shoulder times 6 visits, change cane usage to left hand, trial of Naproxen with Omeprazole and the current request for a

transcutaneous electrical nerve stimulation (TEN's) unit for the right shoulder and lower back and knee prosthesis adjustment/refitting 1-2 times per month.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**TENS unit trial for 30 days for the right shoulder and lower back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-115.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117 of 127.

**Decision rationale:** Regarding the request for TENS, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) 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 management of neuropathic pain, CRPS, phantom limb pain, spasticity, or multiple sclerosis. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach, with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Within the documentation available for review, there is no indication that the patient has a condition of the right shoulder or back for which TENS is supported as outlined above. In the absence of such documentation, the currently requested TENS unit is not medically necessary.

**Left Knee Prosthesis adjustment and refitting 1-2 times per month:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Prosthesis.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Protheses (artificial limb).

**Decision rationale:** Regarding the request for prosthesis adjustment and refitting, CA MTUS does not address the issue. ODG cites that a lower limb prosthesis may be considered medically necessary when: The patient will reach or maintain a defined functional state within a reasonable period of time; The patient is motivated to ambulate; and The prosthesis is furnished incident to a physician's services or on a physician's order. Within the documentation available for review, the patient is noted to have a below-the-knee amputation with a prosthesis. While periodic adjustment is appropriate, especially at first, there is no clear rationale for such adjustment 1-2 times per month indefinitely and, unfortunately, there is no provision for modification of the

request to allow for an appropriate duration. In light of the above issues, the currently requested prosthesis adjustment and refitting is not medically necessary.