

<b>Case Number:</b>	CM15-0135240		
<b>Date Assigned:</b>	08/20/2015	<b>Date of Injury:</b>	12/13/2014
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 49 year old male, who sustained an industrial injury on 12-13-14. The injured worker was diagnosed as having sprain of knee and leg NOS; sprain lateral collateral ligament; internal derangement knee NEC;. Treatment to date has included physical therapy; medications. Diagnostics studies included X-ray right knee (12-18-14); MRI right knee (2-25-15). Currently, the PR-2 notes dated 4-28-15 indicated the injured worker presented for an orthopedic evaluation and treatment. The provider documents the injured worker "last worked 2-14-15. He was referred for an MIR of the right knee 2-2-5-15 which revealed a medial and lateral meniscal tear. He was advised that he would most likely require surgery. He was administered a cortisone injection which provided some temporary relief of pain but one the injection wore off his pain had increased. He was provided with a hinged knee brace that he wears to the present time. He has not had any treatment but will wear his knee brace and apply ice for the swelling." The injured worker reports constant right knee pain even when sitting down and resting his leg. When the knee is swollen, he indicates that he feels warmth emanating from the knee. There is pain behind the knee cap. He is not able to fully flex his knee but can extend it fully. He feels his knee buckling and does not feel stable he does no wear the knee brace. Walking, twisting or pivoting and gong up stairs more than going down will aggravate his pain. The provider notes: "He walks with an antalgic gait to the right. He shows no visible and palpable swelling, effusion or increased heat bilaterally. There are no scars. The patient is unable to squat and duck walk. Patella on the right and lateral joint line are positive for tenderness to palpation. He has positive crepitation o the right. Motor strength is graded 4 out of 5 of the quadriceps and hamstrings

muscles on the right. The provider reviews radiographic studies for the right knee with abnormal findings. A right knee arthroscopy, partial medial meniscectomy, and partial lateral meniscectomy, subcutaneous lateral release of retinaculum and patelloplasty was authorized. A Request for Authorization is dated 7-13-15. A Utilization Review letter is dated 6-12-15 and non-certification for postoperative Tens unit and modified the certification for post-operative 8 sessions of physical therapy to authorize 6 sessions only. A request for authorization has been received for 8 sessions of physical therapy and Tens unit.

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

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

**Associated surgical service: 8 sessions of physical therapy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

**Decision rationale:** According to the CA MTUS/Post-Surgical Treatment Guidelines, Knee Meniscectomy, page 24, 12 visits of therapy are recommended after arthroscopy with partial meniscectomy over a 12-week period. The guidelines recommend initially of the 12 visits to be performed. As the request exceeds the initial allowable visits, the determination is not medically necessary.

**Associated surgical service: Tens unit: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Electrical stimulators (E-stim).

**Decision rationale:** According to the California MTUS Chronic Pain Medical Treatment Guideline regarding TENS, pages 113-114, chronic pain (transcutaneous electrical nerve stimulation), 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 neuropathic pain and CRPS II and for CRPS I (with basically no literature to support use). Criteria for the use of TENS: Chronic intractable pain (for the conditions noted above): Documentation of pain of at least three months duration. There is evidence that other appropriate pain modalities have been tried (including medication) and failed. A one-month trial period of the TENS unit 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; rental would be preferred over purchase during this trial. In this case there is insufficient evidence of chronic neuropathic pain from the exam note of 4/28/15 warrant a TENS unit. Therefore the determination is not medically necessary.

