

<b>Case Number:</b>	CM15-0160942		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	01/18/2015
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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 63 year old female who sustained an industrial injury on 1-18-15. A review of the medical records indicates she is undergoing treatment for partial ACL tear of the right knee, right knee effusion, right femoral distal fracture involving the right knee joint, status post open reduction internal fixation of the right femoral fracture on 1-21-15, right hip sprain and strain, "slip and fall", and mild depression. Medical records (8-5-15) indicate intermittent right knee pain, rating it "6 out of 10". She reports that the pain occurs with weight-bearing and is resolved with rest. She also reports that she is not able to use stairs, stating that the pain is "worse" descending stairs. The pain awakens her at night. The record indicates she has "instability of the knee". The physical exam (8-5-15) reveals "presence of effusion". Tenderness is noted to the external joint line. Range of motion is "full". McMurray's test is positive of the external meniscus. She also has noted tenderness to the right posterior hip with decrease of all motions and stiffness. Diagnostic studies have included x-rays of the right knee and right femur, a CT scan of the right lower extremity, and an MRI of the right lower extremity. Treatment has included physical therapy (3-9-15), occupational therapy (2-25-15), and medications. Treatment recommendations include a home exercise program, TENS trial, and a right knee brace for support and stabilization. The utilization review (8-11-15) includes requests for authorization of a TENS trial and a right knee brace. Both requests were denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS trial (no duration indicated):** 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): Transcutaneous electrotherapy.

**Decision rationale:** The patient was injured on 01/18/15 and presents with pain in her right knee and right hip. The request is for a TENS TRIAL (NO DURATION INDICATED). The RFA is dated 08/05/15 and the patient's current work status is not provided. There is no indication of any prior use of the TENS unit. MTUS Guidelines, Transcutaneous Electrotherapy section, page 116 states that TENS unit have not proven efficacy in treating chronic pain and is not recommend as a primary treatment modality, but a 1-month home-based trial may be considered for a specific diagnosis of neuropathy, CRPS, spasticity, a phantom limb pain, and multiple sclerosis. When a TENS unit is indicated, a 30-day home trial is recommended, and with the documentation of functional improvement, additional usage maybe indicated. The patient is diagnosed with a partial ACL tear of the right knee, right knee effusion, right femoral distal fracture involving the right knee joint, status post open reduction internal fixation of the right femoral fracture on 1-21-15, right hip sprain and strain, "slip and fall", and mild depression. Treatment has included physical therapy (3-9-15), occupational therapy (2-25-15), and medications. The reason for the request is not provided. MTUS guidelines allows for a 1 month trial of the TENS unit. However, in this case, the duration is not known. Due to an unknown duration, the request as written IS NOT medically necessary.

**Right knee brace:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Activity Alteration. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter under Knee Brace.

**Decision rationale:** The patient was injured on 01/18/15 and presents with pain in her right knee and right hip. The request is for a RIGHT KNEE BRACE for support and stabilization. The utilization review denial letter did not provide a rationale. The RFA is dated 08/05/15 and the patient's current work status is not provided. MTUS/ACOEM Guidelines, Chapter 13, Activity Alteration Section, page 340 recommends "knee brace for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program." ODG, Knee and Leg Chapter under Knee Brace, does recommend knee brace for the following

conditions "knee instability, ligament insufficient, reconstructive ligament, articular defect repair as vascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental OA, or tibial plateau fracture." The patient is diagnosed with a partial ACL tear of the right knee, right knee effusion, right femoral distal fracture involving the right knee joint, status post open reduction internal fixation of the right femoral fracture on 1-21-15, right hip sprain and strain, "slip and fall", and mild depression. Treatment has included physical therapy (3-9-15), occupational therapy (2-25-15), and medications. The reason for the request is not provided. In this case, the patient presents with an ACL tear, as indicated for a knee brace by MTUS/ACOEM guidelines. Therefore, the requested right knee brace IS medically necessary.