

Case Number:	CM15-0164653		
Date Assigned:	09/01/2015	Date of Injury:	07/07/2008
Decision Date:	11/17/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/21/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 47 year old male, who sustained an industrial injury on 7-7-2008. The mechanism of injury was when he struck his right knee on a box. The injured worker was diagnosed as having right knee internal derangement on the right status post meniscectomy as confirmed by MRI-Magnetic Resonance Imaging, left knee internal derangement status post-surgery as confirmed by MRI-Magnetic Resonance Imaging, internal derangement of the right ankle and lumbar discogenic disease. Treatment to date has included surgery, Orthovisc injections, physical therapy and medication management. A recent progress report dated 5-11-2015 reported the injured worker complains of back pain, bilateral knee pain and right ankle pain. Physical examination showed bilateral knee and low back tenderness. The physician was requesting four lead transcutaneous electrical nerve stimulation (TENS) unit purchase, hot-cold wrap purchase and referral to physiatry.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four lead TENS unit - purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints,

page(s): 173-174, 203, 300, Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation), page(s): 114-117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS 114.

Decision rationale: The California chronic pain medical treatment guidelines section on transcutaneous electrical nerve stimulation states: TENS, 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 the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured. This treatment option is recommended as an adjunct to a program of evidence based functional restoration. However, it is recommended for a one-month trial to document subjective and objective gains from the treatment. There is no provided documentation of a one-month trial period with objective measurements of improvement in pain and function. Therefore criteria have not been met and the request is not medically necessary.

Hot and cold wrap - purchase: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 13 Knee Complaints, page(s): 300, 338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Cold/heat packs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, page(s): 338.

Decision rationale: The ACOEM chapter on knee complaints and treatments states: Adjustment or modification of workstation, job tasks, or work hours and methods. Stretching. Specific knee exercises for range of motion and strengthening (avoid leg extensions for PFSs but not SLRs). At-home local applications of cold packs in first few days of acute complaints; thereafter, applications of heat packs. Aerobic exercise. The requested service is a recommended treatment modality for knee pain. The patient has internal derangement of the knee and meniscal injury. The patient has ongoing pain complaints as a result of these injuries. The patient has knee tenderness on exam. Therefore the request is medically necessary.

Referral to physiatry: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, Chapter 7, Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 3 Initial Approaches to Treatment.

Decision rationale: Per the ACOEM: The health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient upon review of the provided medical records has ongoing knee pain despite conservative therapy. The referral for physiatry however is not established in the clinical records and therefore not medically necessary.