

<b>Case Number:</b>	CM15-0090622		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	04/29/2010
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic knee and leg pain reportedly associated with an industrial injury of April 29, 2010. In a Utilization Review report dated April 29, 2015, the claims administrator failed to approve requests for a TENS unit, cane, and knee brace. The claims administrator referenced an office visit of February 23, 2015 in its determination. The applicant's attorney subsequently appealed. In a handwritten note seemingly dated March 4, 2015, difficult to follow, not entirely legible, the applicant reported ongoing complaints of low back and right knee pain with superimposed issues with inguinal hernia. The applicant was placed off of work, on total temporary disability. In another handwritten note dated January 6, 2015, the applicant was placed off of work, on total temporary disability owing to issues with her hernia. In another handwritten note dated February 3, 2015, the applicant again reported multifocal complaints of low back and knee pain with ancillary complaints of anxiety. Little-to-no narrative commentary was attached. The attending provider did state, however, that the reader should refer to a RFA form of the same date to determine what was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit:** 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 Criteria for the use of TENS Page(s): 116.

**Decision rationale:** No, the request for a TENS unit [purchase] was not medically necessary, medically appropriate, or indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, a TENS unit should be purchased only in applicants who have experienced a favorable outcome during an earlier one-month trial of said TENS unit, with favorable outcomes evident in terms of both pain relief and function. Here, however, the attending provider's documentation was thinly and sparsely developed. It was not clearly stated or clearly established that the applicant had, in fact, undergone a successful one-month trial of the TENS unit in question before the request to purchase the same was initiated. Therefore, the request was not medically necessary.

**Quad cane:** 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 - Walking aids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMDs) Page(s): 99.

**Decision rationale:** Similarly, the request for a quad cane was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, power mobility devices are not recommended if an applicant's functional mobility deficits can be sufficiently resolved through usage of a cane, walker, or manual wheelchair, the former of which was apparently sought here. Here, however, the attending provider's documentation was thinly and sparsely developed, handwritten, difficult to follow, and not altogether legible. It was not clearly stated or clearly established that the applicant had significant gait derangement and/or gait deficits which would have compelled provision of the cane in question. Therefore, the request was not medically necessary.

**Right knee brace:** 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 - Knee brace.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

**Decision rationale:** Finally, the request for a right knee brace was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 340 of the ACOEM Practice Guidelines, a knee brace is usually unnecessary in the average applicant. Rather, ACOEM notes that a knee brace is necessary only if an applicant is willing to be stressing the knee under load, such as by climbing ladders or carrying boxes. Here, however, the applicant was off of work, on total temporary disability, on or around the date of the request. It was highly unlikely, thus, that the applicant was in fact climbing ladders and/or carrying boxes at home. Therefore, the request was not medically necessary.