

<b>Case Number:</b>	CM13-0008375		
<b>Date Assigned:</b>	09/09/2013	<b>Date of Injury:</b>	05/14/2002
<b>Decision Date:</b>	01/13/2014	<b>UR Denial Date:</b>	07/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopaedic Surgery, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 51-year-old male who reported a work-related injury as a result of a fall on 10/28/2002. Subsequently, the patient presents for treatment of the following diagnoses, cervical radiculitis/lumbar radiculitis, left shoulder strain, right knee medial meniscus tear. The clinical note dated 05/17/2013 reports the patient was seen for followup under the care of [REDACTED]. The provider documented the patient presented with bilateral knee pain, right greater than left. Upon physical exam of the patient, tenderness to the right knee at the medial and lateral meniscus joint line was evidenced. The patient had full range of motion of the right knee with mild effusion present. The provider documented renewing the patient's Vicodin ES 4 times a day prescription and documented a right knee arthroscopy was scheduled for 06/14/2013. The clinical note dated 06/10/2013 reports the patient was seen again under the care of [REDACTED] for his pain complaints. The provider documented the patient's prescription for Norco 10/324 mg was renewed. The provider discussed benefits and alternatives of surgical interventions to the knee. The provider recommended CPM, IF unit, cold therapy and postoperative knee bracing. The clinical note dated 06/14/2013 reports the patient underwent a left knee arthroscopic surgery under the care of [REDACTED].

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 month rental of interferential unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 120.

**Decision rationale:** The Physician Reviewer's decision rationale: The current request previously received an adverse determination on 07/30/2013 due to a lack of documentation indicating a failure of medication to effectively control pain in addition to no postsurgical documentation revealing failed physical therapy or significant postoperative pain limiting physical therapy treatment. Additionally, California MTUS/ACOEM indicates, "There must be evidence of: (1) Pain ineffectively controlled due to diminished effectiveness and medications; (2) Pain is ineffectively controlled with medications due to side effects; (3) History of substance abuse; (4) Significant pain from postoperative conditions limits the ability to perform exercise program; (5) Unresponsive to conservative measures." The clinical notes evidenced postoperative documentation which did not document the patient presented with significant postoperative pain the requested intervention would be supported. The clinical note dated 07/01/2013 documented, "mild right knee pain". The patient presented with no effusion and full range of motion at the knee. Given the above, the request for 1 month rental of interferential unit is not medically necessary or appropriate.

**Pack of sterile foam electrodes:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 120.

**Decision rationale:** The Physician Reviewer's decision rationale: The current request previously received an adverse determination on 07/30/2013 due to a lack of documentation indicating a failure of medication to effectively control pain in addition to no postsurgical documentation revealing failed physical therapy or significant postoperative pain limiting physical therapy treatment. Additionally, California MTUS/ACOEM indicates, "There must be evidence of: (1) Pain ineffectively controlled due to diminished effectiveness and medications; (2) Pain is ineffectively controlled with medications due to side effects; (3) History of substance abuse; (4) Significant pain from postoperative conditions limits the ability to perform exercise program; (5) Unresponsive to conservative measures." The clinical notes evidenced postoperative documentation which did not document the patient presented with significant postoperative pain the requested intervention would be supported. The clinical note dated 07/01/2013 documented, "mild right knee pain". The patient presented with no effusion and full range of motion at the knee. Given the above, the request for pack of sterile foam electrodes is not medically necessary or appropriate.

**3 packs of non-sterile 2" round electrodes:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 120.

**Decision rationale:** The Physician Reviewer's decision rationale: The current request previously received an adverse determination on 07/30/2013 due to a lack of documentation indicating a failure of medication to effectively control pain in addition to no postsurgical documentation revealing failed physical therapy or significant postoperative pain limiting physical therapy treatment. Additionally, California MTUS/ACOEM indicates, "There must be evidence of: (1) Pain ineffectively controlled due to diminished effectiveness and medications; (2) Pain is ineffectively controlled with medications due to side effects; (3) History of substance abuse; (4) Significant pain from postoperative conditions limits the ability to perform exercise program; (5) Unresponsive to conservative measures." The clinical notes evidenced postoperative documentation which did not document the patient presented with significant postoperative pain the requested intervention would be supported. The clinical note dated 07/01/2013 documented, "mild right knee pain". The patient presented with no effusion and full range of motion at the knee. Given the above, the request for 3 packs of non-sterile 2" round electrodes is not medically necessary or appropriate.

**Leadwire:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 120.

**Decision rationale:** The Physician Reviewer's decision rationale: The current request previously received an adverse determination on 07/30/2013 due to a lack of documentation indicating a failure of medication to effectively control pain in addition to no postsurgical documentation revealing failed physical therapy or significant postoperative pain limiting physical therapy treatment. Additionally, California MTUS/ACOEM indicates, "There must be evidence of: (1) Pain ineffectively controlled due to diminished effectiveness and medications; (2) Pain is ineffectively controlled with medications due to side effects; (3) History of substance abuse; (4) Significant pain from postoperative conditions limits the ability to perform exercise program; (5) Unresponsive to conservative measures." The clinical notes evidenced postoperative documentation which did not document the patient presented with significant postoperative pain the requested intervention would be supported. The clinical note dated 07/01/2013 documented, "mild right knee pain". The patient presented with no effusion and full range of motion at the knee. Given the above, the request for leadwire is not medically necessary or appropriate.

**12 power pack batteries:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 120.

**Decision rationale:** The Physician Reviewer's decision rationale: The current request previously received an adverse determination on 07/30/2013 due to a lack of documentation indicating a failure of medication to effectively control pain in addition to no postsurgical documentation revealing failed physical therapy or significant postoperative pain limiting physical therapy treatment. Additionally, California MTUS/ACOEM indicates, "There must be evidence of: (1) Pain ineffectively controlled due to diminished effectiveness and medications; (2) Pain is ineffectively controlled with medications due to side effects; (3) History of substance abuse; (4) Significant pain from postoperative conditions limits the ability to perform exercise program; (5) Unresponsive to conservative measures." The clinical notes evidenced postoperative documentation which did not document the patient presented with significant postoperative pain the requested intervention would be supported. The clinical note dated 07/01/2013 documented, "mild right knee pain". The patient presented with no effusion and full range of motion at the knee. Given the above, the request for 12 power pack batteries is not medically necessary or appropriate.

**16 adhesive remover wipes:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 120.

**Decision rationale:** The Physician Reviewer's decision rationale: The current request previously received an adverse determination on 07/30/2013 due to a lack of documentation indicating a failure of medication to effectively control pain in addition to no postsurgical documentation revealing failed physical therapy or significant postoperative pain limiting physical therapy treatment. Additionally, California MTUS/ACOEM indicates, "There must be evidence of: (1) Pain ineffectively controlled due to diminished effectiveness and medications; (2) Pain is ineffectively controlled with medications due to side effects; (3) History of substance abuse; (4) Significant pain from postoperative conditions limits the ability to perform exercise program; (5) Unresponsive to conservative measures." The clinical notes evidenced postoperative documentation which did not document the patient presented with significant postoperative pain the requested intervention would be supported. The clinical note dated 07/01/2013 documented, "mild right knee pain". The patient presented with no effusion and full range of motion at the knee. Given the above, the request for 16 adhesive remover wipes is not medically necessary or appropriate.

**Cold therapy unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), and Continuous-flow cryotherapy..

**Decision rationale:** The Physician Reviewer's decision rationale: The current request previously received an adverse determination due to lack of documentation of whether or not the patient had undergone surgical interventions. The clinical notes do document the patient presented for arthroscopic procedure to the left knee on 06/14/2013. The current request does not specifically indicate duration for utilization of this durable medical equipment. Additionally, postoperative notes document the patient presented with mild pain complaints and full range of motion about the knee. Therefore, the request for cold therapy unit is not medically necessary or appropriate.

**60 day rental of continuous passive motion for the knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of continuous passive motion devices.

**Decision rationale:** The Physician Reviewer's decision rationale: The current request previously received an adverse determination due to lack of documentation of whether or not the patient had undergone surgical interventions. The clinical notes do document the patient presented for arthroscopic procedure to the left knee on 06/14/2013. The current request does not specifically indicate duration for utilization of this durable medical equipment. Additionally, postoperative notes document the patient presented with mild pain complaints and full range of motion about the knee. Therefore, the request for 60 day rental of continuous passive motion for the knee is not medically necessary or appropriate.

**CPM- knee softgoods:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Criteria for the use of continuous passive motion devices.

**Decision rationale:** The Physician Reviewer's decision rationale: The current request previously received an adverse determination due to lack of documentation of whether or not the patient had undergone surgical interventions. The clinical notes do document the patient presented for arthroscopic procedure to the left knee on 06/14/2013. The current request does not specifically indicate duration for utilization of this durable medical equipment. Additionally, postoperative

notes document the patient presented with mild pain complaints and full range of motion about the knee. Therefore, the request for CPM - knee softgoods is not medically necessary or appropriate.

**Post-op knee brace-TROM: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Criteria for the use of knee braces.

**Decision rationale:** The Physician Reviewer's decision rationale: The current request previously received an adverse determination due to lack of documentation evidencing whether or not the patient had undergone surgical interventions. Official Disability Guidelines indicate, "Prefabricated knee braces may be appropriate in patients with one of the following conditions: (1) Knee instability; (2) Ligament insufficiency; (3) Reconstructed ligament; (4) Articular defect repair; (5) Avascular necrosis; (6) Meniscal cartilage repair; (7) Painful failed total knee arthroplasty; (8) Painful high tibial osteotomy; (9) Painful unicompartmental osteoarthritis; (10) Tibial plateau fracture." The clinical notes did not evidence an operative report to indicate what specific procedure the patient underwent other than an arthroscopy of the knee. Furthermore, the requested braces were evidenced as custom fabricated knee brace and not a prefabricated knee brace. Additionally, the provider documented less than a month postoperatively the patient had full range of motion about the knee. Given all of the above, the request for post-op knee brace - TROM is not medically necessary or appropriate.

**Norco 10/325mg #90: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Anexsia<sup>®</sup>, Co-Gesic<sup>®</sup>, Hycet<sup>®</sup>; Lorcet<sup>®</sup>, Lortab<sup>®</sup>; Margesic- H<sup>®</sup>, M.

**Decision rationale:** The Physician Reviewer's decision rationale: The current request previously received an adverse determination due to a lack of documentation submitted evidencing support for the medication. Previously peer reviewer documented since it was not indicated whether or not the patient had undergone the operative procedure, the current medication was not supported. However, the clinical notes evidence the patient had been utilizing Norco 10/325 for quite some time prior to the performed operative procedure. California MTUS indicates, "4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking

behavior). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." As the clinical notes fail to evidence the patient's reports of efficacy with his current medication regimen as documented by a decrease in rate of pain on a VAS and increase in objective functionality, the request for Norco 10/325 mg #90 is not medically necessary or appropriate.