

Case Number:	CM13-0010772		
Date Assigned:	03/24/2014	Date of Injury:	07/11/2008
Decision Date:	04/29/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/14/2013

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. The expert reviewer is Board Certified in Occupational Medicine 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 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/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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of July 11, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical analgesics; and oral corticosteroids. In a Utilization Review Report of August 28, 2013, the claims administrator denied a request for an electrical muscle stimulator (neuromuscular electrical stimulator) rental, a Medrol Dosepak, Voltaren gel, and a topical compound. The applicant's attorney subsequently appealed. The claims administrator utilized MTUS Chronic Pain Medical Treatment Guidelines to deny the neuromuscular electrical stimulator device and used an ODG Chronic Pain Chapter Oral Corticosteroid topic to deny the steroids. An August 21, 2013 handwritten progress note is notable for comments that the claimant is status post a total knee arthroplasty of March 26, 2013. The applicant is attending physical therapy and using topical compounds. The Medrol Dosepak was reportedly prescribed for persistent swelling, it is stated. The applicant has 2 to 3 cm of quadriceps atrophy following the total knee arthroplasty and 4/5 lower extremity strength about the affected extremity, it is noted. Medrol for swelling, Voltaren gel for swelling, and a neuromuscular stimulation device are requested while the applicant remains off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDROL DOSPAK: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumber Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Total Knee Arthroplasty: A Guide to Get Better Performance, Edited by Johan Bellemans et Al, page 7, "A fast control of inflammation, even using temporary oral steroids, is of benefit.":

Decision rationale: As noted by the attending provider, Medrol was intended to control postoperative swelling following total knee arthroplasty. The MTUS-Chronic Pain Medical Treatment Guidelines, Second Edition ACOEM Guidelines, Third Edition ACOEM Guidelines, and ODG do not address the topic of usage of oral steroids to control inflammation following total knee arthroplasty. As noted in the Bellemans Total Knee Arthroplasty Textbook, a fast control of the inflammation, even using temporary oral steroids, is of benefit postoperatively. In this case, the claimant was approximately four to five months removed from the date of total knee arthroplasty and still had persistent issues with knee swelling. A trial of oral steroids, including Medrol was indicated and appropriate. Therefore, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.

KOHANA COMPOUND CREAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Topic Page(s): 111.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, oral pharmaceuticals are a first-line palliative method. In this case, an oral pharmaceutical, Medrol, has been endorsed above, in response #1, effectively obviating the need for topical compounded creams such as Kohana which are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines "largely experimental." Therefore, the request is not certified.

E-STIMULATION: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 3rd Edition, Knee Chapter, Appendix on Knee Pain and Osteoarthritis and Official Disability Guidelines (ODG), Knee Chapter, Neuromuscular Electrical Stimulation topic

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines do not address the need for neuromuscular stimulation to treat muscle atrophy following a total knee arthroplasty. However, both the ODG Knee Chapter Neuromuscular Stimulation topic and the Third Edition ACOEM Guidelines suggest that neuromuscular stimulation may be useful in the postoperative rehabilitation of individuals following a major knee surgery such as the total knee arthroplasty which transpired here. In this case, the claimant reportedly had weakness and muscle atrophy following the total knee arthroplasty. A trial of neuromuscular stimulation can theoretically ameliorate the claimant's residual lower extremity weakness and atrophy, as suggested both by the updated ACOEM Guidelines and by ODG. Therefore, the original Utilization Review decision is overturned. The request is certified, on Independent Medical Review.