

Case Number:	CM13-0012097		
Date Assigned:	06/20/2014	Date of Injury:	03/02/2013
Decision Date:	08/05/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/15/2013

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 68 year old employee with date of injury of 3/2/2013. Medical records indicate the patient is undergoing treatment for lumbar sprain/strain; Contusion both knees; sprain/strain cervical; muscle spasm of the neck-left; Ecchymosis-hip. Subjective complaints include pain in low back, hip, neck, bilateral shoulders, bilateral knees and mild foot discomfort. She states that her low back pain comes and goes and are mild to moderate in intensity; pain greater on the left side; pain increases when she tries to bend or stand for more than 30 minutes. Pain is described as aching; symptoms radiate down the left leg extending to the calf. Her right hip pain is mild to moderate in intensity; the patient has difficulty sleeping due to hip pain; pain is aching and radiates down to the knee. Her neck pain is mild in intensity; repetitive side to side motions increase symptoms; there is mild, intermittent pain in bilateral shoulders; left knee pain is moderate to severe; her right knee pain is aching, throbbing pain and more problematic than other body parts; symptoms are most pronounced along posterior aspect of the knee; she can walk for 10 minutes before she gets pain in the knee; pain in left knee radiates proximally to the low back; she applies Arnica gel to the low back for temporary relief; she has mild discomfort of bilateral feet. Objective findings include: cervical spine has no tenderness to palpation; sensory exam was normal in all dermatomes of the upper and lower extremities bilaterally; shoulders normal to palpation, no erythema noted; impingement sign was negative; no swelling of wrists and hands; wrists were non tender to palpation; normal range of motion for hands; was able to bring fingertips to distal palmer crease; Tinel and Phalen's tests were negative bilaterally; Finklestein's maneuver was negative bilaterally; sensory exam normal in forearms, wrists and hands; grip strength measured with Jamar Dynaometer-left: 20/19/19; right-21/19/18. Treatment has consisted of Etodolac, Acetaminophen; Omeprazole; Arnica gel, Tylenol, Bilateral Synvisc injections; single point cane; bilateral knee brace; polar frost; back support; hot/cold therapy

pack; custom moist touch heating pads; aquatic therapy; acupuncture. The utilization review determination was rendered on 7/23/2013 recommending non-certification of a diagnostic ultrasound study of the left knee and OrthoStim4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic ultrasound study of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee, Ultrasound, Diagnostic.

Decision rationale: The ODG states "Soft-tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MR. In addition to MR, sonography has been shown to be diagnostic for acute anterior cruciate ligament (ACL) injuries in the presence of a hemarthrosis or for follow-up. (ACR, 2001). Ultrasound guidance for knee joint injections: In the knee, conventional anatomical guidance by an experienced clinician is generally adequate. Ultrasound guidance for knee joint injections is not generally necessary, but it may be considered in the following cases: (1) the failure of the initial attempt at the knee joint injection where the provider is unable to aspirate any fluid; (2) the size of the patient's knee, due to morbid obesity or disease process, that inhibits the ability to inject the knee without ultrasound guidance; & (3) draining a popliteal (Baker's) cyst. Although there is data to support that ultrasound guidance improves the accuracy of knee joint injections and reduces procedural pain in some cases, the data does not support improved clinical outcomes from ultrasound guidance for all knee joint injections. In addition, package inserts for drugs used for knee joint injections do not indicate the necessity of the use of ultrasound guidance. (CMS, 2010) US guidance significantly improves the accuracy of joint injection, allowing a trainee to rapidly achieve high accuracy, but US guidance did not improve the short-term outcome of joint injection. (Cunnington, 2010) This systematic review confirms that short-term outcome improvements are present using ultrasound-guided injection techniques but can confirm no difference in long-term outcome measures using either technique. (Gilliland, 2011)." The ODG states that soft-tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MR. The treating physician has not met the above ODG guidelines for diagnostic ultrasound of the knee. As such, the request is not medically necessary and appropriate.

OrthoStim4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS). Decision based on Non-MTUS Citation http://www.vqorthocare.com/Products/spec_Sheets/VQO61565REVB_MDBrochure_5.5x8.5.pdf.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Interferential current stimulation (ICS) Other Medical Treatment Guideline or Medical Evidence:
<http://www.vqorthocare.com/products/orthostim-4-surgistim-4/>.

Decision rationale: The Ortho Stim4 web site describes the device as a Multi-Modality Interferential Stimulator. The ODG states that Interferential current stimulation (ICS) is not recommended as an isolated intervention. ACOEM guidelines state, "Insufficient evidence exists to determine the effectiveness of sympathetic therapy, a noninvasive treatment involving electrical stimulation, also known as interferential therapy." At-home local applications of heat or cold are as effective as those performed by therapists. The MTUS Chronic Pain Guidelines outline the following as patient selection criteria for Interferential stimulation, "- Pain is ineffectively controlled due to diminished effectiveness of medications; or - Pain is ineffectively controlled with medications due to side effects; or - History of substance abuse; or - Significant pain from postoperative conditions limits the ability to perform exercise programs/ physical therapy treatment; or - Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits." The treating physician has not provided documentation that meets the above guidelines. As such, the request is not medically necessary and appropriate.