

Case Number:	CM13-0048138		
Date Assigned:	12/27/2013	Date of Injury:	02/02/2013
Decision Date:	02/28/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	11/04/2013

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient has a date of injury of 2/2/2013. Patient sustained injuries in a motor vehicle accident to his head, knees, lower extremities and fracture of the right leg. Diagnoses include cephalgia, post-concussion syndrome, cervical radiculopathy, bilateral knee internal derangement, bilateral ankle sprain, and right tibial fracture with open reduction internal fixation. Patient has been treated with activity modifications, medications, TENS, physical therapy and acupuncture. Patient's subjective complaints are of ongoing knee pain rated 7/10, and is worse with activity. Due to his chronic pain, patient is also experiencing, anxiety and insomnia. Physical exam shows tenderness over medial and lateral joint lines bilaterally, positive McMurray's and Apley's test, positive patellar compression, and moderately decreased knee range of motion. Patient also has tenderness over the medial and lateral aspect of both ankles.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity evaluation (FCE): 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, Independent Medical Examinations and Consultations Chapter. Official Disability Guidelines (ODG), Fitness for Duty Chapter, Functional Capacity Evaluation (FCE) 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), 2nd Edition, (2004) Chapter 7, page 137. Official Disability Guidelines (ODG) Fitness For Duty, Functional Capacity Evaluation Chapter

Decision rationale: ACOEM guidelines suggest there is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. As with any behavior, an individual's performance on an FCE is influenced by multiple nonmedical factors other than physical impairments. ODG guidelines recommend FCEs if there are multiple failed return to work attempts, if patient is nearing maximal medical improvement, or there is conflicting medical reporting on precautions or fitness for a modified job. For this patient, there is no evidence that indicates patient is near maximum medical improvement, or conflicting medical reports of his fitness. Therefore, a request for a functional capacity examination is not medically necessary at this time.

Dual electrical stimulator TENS/EMS unit for a 1 year rental: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114.

Decision rationale: CA MTUS guidelines for TENS use include chronic pain longer than 3 months, evidence that conservative methods and medications have failed, and a one month trial of TENS use with appropriate documentation of pain relief and function. This patient has been noted to have received previous TENS. There is no documentation or any outcome measures in reference to pain relief or return of function. Due to lack of documentation regarding previous trial, a TENS unit for one year duration is not medically necessary.

Referral to an MD for medication management: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM for Independent Medical Examinations and Consultations regarding Referrals, Chapter 7

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), 2nd Edition, (2004) Chapter 7, page 127.

Decision rationale: ACOEM guidelines indicated that consultation can be obtained to aid in diagnosis, prognosis, therapeutic management, and determination of medical stability. This patient has persistent pain and per the submitted records is not currently taking medications to help with his pain. To initiate and monitor pharmacological therapy a referral to an MD is medically necessary.

Referral for Extracorporeal Shock Wave Therapy (ESWT) consultation for the right knee:
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 and Leg Chapter, Extracorporeal Shock Wave Therapy (ESWT)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Extracorporeal Shock Wave Therapy (ESWT)

Decision rationale: ODG suggests extracorporeal shock wave therapy for patellar tendinopathy and for longbone hypertrophic nonunions. Review of the medical record submitted does not specifically identify patellar tendinopathy or nonunion from his previous fracture. Therefore, the medical necessity of extracorporeal shock wave therapy is not established.

Physical therapy to treat the bilateral knees 2 x week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation (ODG), Physical Medicine

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, Postsurgical Treatment Guidelines Page(s): 24-25.

Decision rationale: CA MTUS guidelines recommend fading of treatment therapy from 3 visits per week to 1 or less, plus active self-directed home exercises. Knee physical medicine for bucket handle tear, derangement of meniscus, loose body in knee, is 12 visits for 12 weeks. For tibia fracture up to 30 visits over 12 weeks within 6 months of surgery. This patient appears to have had previous physical therapy as is expected being s/p tibia surgery. The duration and amount of therapy is not indicated. There is no mention of functional improvement or identification of a home exercise program. The patient also is past the 6 month mark after surgery. Since there is no documentation available detailing previous physical therapy, the medical necessity for 12 more sessions of physical therapy is not established.

Acupuncture to treat the bilateral knees 1 x week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: CA MTUS acupuncture guidelines suggest acupuncture as an adjunct to physical rehabilitation or surgery to hasten functional recovery. Time to produce improvement is usually 3-6 sessions. Sessions can be extended if functional improvement is documented. According to submitted medical records the patient has already received prior acupuncture

treatments, but there is no documentation of pain relief or functional improvement. Therefore, the medical necessity of further treatments is not established.