

Case Number:	CM13-0054482		
Date Assigned:	12/30/2013	Date of Injury:	01/01/2005
Decision Date:	03/18/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/19/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 60 year old male with a date of injury of 01/01/2005. The listed diagnoses dated 10/15/2013 are: (1) Left hip strain and sprain, status post left arthroscopic ace tabular osteoplasty, 06/08/2010, (2) Right knee sprain and strain, (3) Lumbar sprain and strain, and (4) Chronic pain-related insomnia. According to report dated 10/15/2013, this patient presents with right knee and low back pain. The patient reports low back pain as constant, aching, and shooting. The patient states he experiences a stabbing pain in his lower back. The patient's pain is rated as 4/10 on a pain scale. The patient also complains of the right knee pain described as "extremely painful." He states that the pain is shoots down both legs. The examination of the lumbar spine showed the patient had normal range of motion and normal spinal curvature. There were no areas of point tenderness over the midline. No trigger points could be elicited. Kemp's test and straight leg raise test were both negative. The examination of the right knee showed range of motion was within normal limits. The patient had diffuse tenderness to palpation over the right patella. Crepitus was present over the right knee and mild tenderness to palpation. The external and internal rotation of the knee joint caused mild to moderate discomfort.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baseline functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM)

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), pages 137, 139

Decision rationale: This patient presents with chronic back, left hip, and right knee pain. The treater requests a functional capacity evaluation. ACOEM Guidelines page 137 and 139 do not support routine use of FCE. It states that the examiner is responsible for determining whether the impairment results in functional limitations. There is little evidence that FCEs can predict individual's actual capacity to perform in the workplace. FCEs are reserved for special circumstances when the employer or adjusters request for it. Furthermore, there are no discussions as to why the FCE is being requested. Recommendation is for denial.

One time saliva DNA testing: 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)

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

Decision rationale: This patient presents with left hip, low back, and right knee pain. The treater requests a "one-time saliva DNA testing to assess the patient's predisposition". The MTUS and ACOEM Guidelines do not discuss saliva DNA testing. However, ODG Guidelines has the following regarding genetic testing for potential opiate abuse, "not recommended. While there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this. Studies are inconsistent with inadequate statistics and largely phenotype range." The requested saliva DNA testing is not medically necessary and recommendation is for denial.

Nutrition Consultation, two (20 times per month for two (2) months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM)

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)

Decision rationale: The patient presents with chronic left hip, low back, and right knee pain. Treater requests nutritional consultation totaling 4 visits "as this patient can decrease pain and medication and increase physical function" with weight loss. Utilization review dated

11/14/2013 modified certification for nutritional consultation only. ACOEM Practice Guidelines second edition 2004 page 127 states "healthcare practitioners may refer to other specialist if a diagnosis is uncertain or extremely complex when physio-social factors are present or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflicts of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification." The utilization reviewer already authorized a consultation which is appropriate. In this case, while weight loss is a desirable health outcome, there is poor correlation between weight loss and pain relief unless exercise is incorporated. There is lack of evidence that multiple nutritional consult will result in weight loss and therefore, pain control. The recommendation is for denial.

Weight loss supplements times two (2) months: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence

Decision rationale: This patient presents with chronic left hip, low back, and right knee pain. The treater is requesting weight loss supplements, "a 2-month supply." The MTUS, ACOEM, and ODG Guidelines do not discuss weight loss program specifically or supplements. However, AETNA weight reduction medications and programs #0039 states "Weight reduction medications and programs are considered medically necessary for members who have failed to lose at least 1 pound per week after at least 6 months on a weight loss regimen that includes a low calorie diet, increased physically activity, and behavioral therapy, and who meet either of the following selection criteria including BMI greater than or equal to 30, coronary heart disease, dyslipidemia, hypertension, obstructive sleep apnea, and type 2 diabetes. Weight reduction medications are considered experimental and investigational when these criteria are not met." A thorough review of the medical records provided for review do not show that this patient meets any of the criteria recommended for weight reduction program or medications. Recommendation is for denial.

Ketoflex compounded ointment 240grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: This patient presents with chronic left hip, low back, and right knee pain. Treater request Keto-Flex compound ointment for patient's pain and inflammation. The MTUS regarding topical analgesics states it is largely experimental in use, primarily recommended for neuropathic pain when trials for antidepressants and anticonvulsants have failed. For ketoprofen

topical, it is only indicative for peripheral joint arthritis and tendonitis. The records provided for review does not indicate that this patient demonstrates any neuropathic pain. The patient does not qualify for this medication; therefore, recommendation is for denial.

Vitamin D3, 500units three p.o. three times per week, #45: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<http://labtestsonline.org/understanding/analytes/vitamin-d/tab/test>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence

Decision rationale: This patient presents with chronic left hip, low back, and right knee pain. The treater request vitamin D3 supplements. He does not discuss why the patient needs the supplement or the reason for requesting the prescription. Vitamin supplements do not fit the labor code 4610.5-2 definition of "medical necessity." Medically necessary and medical necessity means medical treatment that is reasonably required to cure or relieve the injured employee of the effects of his or her injury." The MTUS, ACOEM, and ODG Guidelines do not discuss vitamin D3 supplements. In this case, the highest ranked standard is likely (E) generally accepted standards of medical practice. It is not generally accepted standards of practice to use supplements to treat medical conditions.

Physical therapy, six (6) sessions (2x3), right knee and leg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: This patient presents with chronic left hip, low back, and right knee pain. The treater requests physical therapy with an emphasis on range of motion and strengthening of the right knee and leg. Utilization review dated 11/14/2013 modified certification from 6 sessions to "2 sessions for re-education to a home exercise program." For physical medicine, the MTUS Guidelines states for myalgia and myositis type symptoms, recommendation is for 8 to 10 visits over 8 weeks. Given the patient's chronicity of injury, it can be assumed that this patient had prior physical therapy sessions. However, it is unclear as to when the sessions took place and if they had produced any functional improvement as there are no physical therapy notes or discussions provided for review in the medical file. Utilization review dated 11/14/2013 reviewed the recommendation as a request for 6 sessions. However, RFA dated 10/15/2013 attaches report dated 10/15/2013 which recommends 18 sessions. Given the lack of any formalized physical therapy in the recent past, a short course of therapy may be warranted. However the requested 18 sessions exceeds what is recommended by guidelines, therefore recommendation is for denial.

Initial urine drug screen: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: This patient presents with chronic right hip, low back, and right knee pain. The treater requests an "initial drug screen." Utilization review dated 11/14/2013 denied request stating "there is no documentation noting this patient is currently taking opioids or is suspected of using illegal drugs." While the MTUS Guidelines do not discuss specifically how frequent UAs should be obtained for various risk opiate users, ODG Guidelines provides a clearer guideline for low risk opiate users. Once yearly urine screen is recommended following initial screen within the first 6 months. MTUS page 43 does state that Drug testing is "recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." The treater indicates that this is a request for an "initial drug screen" prior to initiating patient on narcotic medication. The requested urine toxicology is medically necessary and recommendation is for approval.