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| Case Number: | CM13-0072532 | | |
| Date Assigned: | 01/17/2014 | Date of Injury: | 08/28/2013 |
| Decision Date: | 05/08/2014 | UR Denial Date: | 12/02/2013 |
| Priority: | Standard | Application Received: | 12/26/2013 |

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 a trip and fall industrial contusion injury on August 28, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of acupuncture; topical compounds; and extensive periods of time off of work. In a Utilization Review Report of December 2, 2013, the claims administrator approved request for Naprosyn, approved request for tramadol, denied a topical compound, denied a functional capacity evaluation, denied an interferential current unit, partially certified a request for twelve (12) sessions of acupuncture as six (6) sessions of acupuncture, and denied a knee x-ray. The applicant's attorney subsequently appealed. A clinical progress note of December 20, 2013 is sparse, handwritten, difficult to follow, not entirely legible, employs preprinted checkboxes rather than furnish much in the way of narrative commentary, is noted for ongoing complaints of knee pain with comments that the applicant is also having swelling and popping. The applicant declines a knee injection. The applicant is given diagnosis of knee pain. The applicant is given refills of Naprosyn and tramadol. The applicant is returned to regular duty work (on paper). It is unclear whether the applicant is in fact working, however, given the lack of narrative commentary on file. In an earlier note of November 11, 2013, also handwritten and difficult to follow, Naprosyn, tramadol, and topical compounds were endorsed. The applicant was reporting persistent knee pain and soreness. A functional capacity evaluation (FCE), interferential current unit, and hinged knee brace were endorsed. Some sort of functional capacity/range of motion testing was performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE TWO (2) TIMES A WEEK FOR SIX (6) WEEKS QTY: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Page(s): 48.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines indicate that the time deemed necessary to produce functional improvement following introduction of acupuncture is three to six (3-6) treatments. In this case, the twelve (12) session course represents treatment two to four (2-4) times that suggested by the guidelines. No compelling rationale for treatment this far in excess of the guidelines parameters was provided. Therefore, the request is not certified.

CYCLOBENZAPRINE 3%/KETOPROFEN 20%/LIDOCAINE 6.15% CREAM 240GM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PAIN-TOPICAL ANALGESICS-MUSCLE RELAXANTS..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that neither ketoprofen nor cyclobenzaprine are recommended for topical compound formulation purposes. This results in the entire compound's carrying an unfavorable recommendation. The guidelines indicate that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request is not certified.

INITIAL FUNCTIONAL CAPACITY EVALUATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 48-49, 208-310, 181-185.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines WORKING CONDITIONING, WORK HARDENING Page(s): 125. Decision based on Non-MTUS Citation THE AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION (2004), CHAPTER 7, FUNCTIONAL CAPACITY EVALUATIONS, PAGES 137-138.

Decision rationale: The Chronic Pain Medical Treatment Guidelines does support the usage of functional capacity evaluations (FCEs) as a precursor to enrolment in work hardening or work conditioning courses. In this case, however, the applicant does not appear to be intent upon attending work hardening and/or work conditioning. It is not clear why the FCE is being sought. It is unclear whether the applicant is in fact working or not. The attending provider has not

clearly reported the applicant's work status using narrative commentary. If the applicant is working regular duty, then an FCE is superfluous, by definition. Conversely, if the applicant is off of work and has no intention of returning to work and/or does not have a job to return to, FCE testing is likewise superfluous. The ACOEM Guidelines indicate that FCEs are widely used, overly promoted, and are not necessarily an accurate representation or characterization of what an applicant can or cannot do in the workplace and/or workforce. Therefore, the request is not certified, for all of the stated reasons.

INFERENTIAL (IF) UNIT FOR THE LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines INFERENTIAL CURRENT STIMULATION (ICS) Page(s): 118-120.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that interferential current stimulation can be employed in applicants in whom pain is ineffectively controlled, due to diminished effectiveness of medications. In this case, however, the applicant was issued prescriptions for several first-line oral pharmaceuticals, including Naprosyn and tramadol. No compelling rationale for the interferential current device was provided, particularly in light of the fact that the applicant is using first-line oral pharmaceuticals without any reported difficulty. Therefore, the request is likewise not certified, on Independent Medical Review.

X-RAY OF THE LEFT 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, TREATMENT INDEX, 5TH EDITION, 2007, KNEE X-RAY.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 15 Stress Related Conditions Page(s): 347.

Decision rationale: The MTUS/ACOEM Guidelines indicate that routine radiographic films of most knee injuries or complaints is "not recommended." In this case, the attending provider has not provided any rationale for the test in question. It is not clear why x-ray imaging is being sought at the three-and-half-month mark of the date of injury. There is no evidence of any acute trauma or suspected fracture for which knee x-ray imaging would be indicated, according to the guidelines. No narrative commentary or rationale was attached to the request for authorization so as to try and offset the unfavorable ACOEM recommendation. Therefore, the request is not certified, on Independent Medical Review.