

Case Number:	CM14-0005477		
Date Assigned:	01/24/2014	Date of Injury:	08/17/2013
Decision Date:	11/26/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/13/2014

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 Internal Medicine and is licensed to practice in New York. 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 patient is a 29 year old male with a date of injury of 08/17/2013. He tripped and fell landing on his knees on a concrete floor. X-rays of both knees were done on 08/17/2013. On 08/29/2013 he had bilateral knee pain. He was 5'9" tall and weighed 242 pounds. He had decreased range of motion for both knees. There was edema of the left knee. On 09/12/2013 he had MRI of both knees. Both knees had increased signal form the meniscus which represented a small tear or degenerative changes. Physical therapy was ordered. On 10/25/2013 the bilateral knee pain was worse. On 10/27/2013 he had repeat bilateral knee MRI examinations. The right knee MRI revealed a partial thickness ACL tear. The left knee MRI revealed mild medial displacement of the patella. He was referred for a right knee brace and an orthopedic consultation. On 12/06/2013 he had bilateral knee pain and the left knee was too painful to be examined. Left knee pain was 8/10 and right knee pain was 6-7/10. On 12/12/2013 the listed diagnosis was bilateral knee internal derangement with a right knee tear of the ACL.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-RAY OF BILATERAL KNEES: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 329 - 353.

Decision rationale: X-rays of both knees were done on the day of injury 08/17/2013. There was no documentation of fracture or dislocation. There were no red flag signs. There was no new injury. There was no indication for a repeat set of knee x-rays on 09/10/2013. Repeat x-rays of the knee is not consistent with MTUS ACOEM guidelines. Therefore, the request is not medically necessary.

PLAIN MRI OF BILATERAL KNEES: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 329 - 353.

Decision rationale: At the time of the request for this MRI, there was no documentation of any red flag signs and no documentation of failure of a course of conservative therapy. There was no documentation of either knee locking or instability of the knee. A MRI of both knees at that point in time was not consistent with MTUS ACOEM guidelines. Therefore, the request is not medically necessary.

BILATERAL KNEE BRACES: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 329 - 353. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2014 Knee), knee braces

Decision rationale: MTUS, ACOEM and ODG suggest that a knee brace may be useful for knee instability, when the injured knee is stressed using ladders or carrying heavy loads, or with a documented ACL tear. At the time bilateral knee braces were requested there was no objective documentation of any of these conditions in both knees. The requested bilateral knee braces was not consistent with MTUS ACOEM guidelines. Therefore, the request is not medically necessary.

HOME TENS UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 329 - 353, Chronic Pain Treatment Guidelines TENS Page(s): 114 - 116.

Decision rationale: TENS, chronic pain (transcutaneous electrical nerve stimulation), Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured. Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use). Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005) Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985). At the time the TENS unit was requested the patient did not have chronic knee pain. A TENS unit is not recommended for an acute knee injury as noted in the ACOEM guidelines. Therefore, the request is not medically necessary.

PHYSIOTHERAPY REHABILITATION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 329 - 353.

Decision rationale: It was unclear about the number of physical therapy visits he had prior to that request. He had 13 visits during the time of the request. MTUS, ACOEM recommends a couple of physical therapy visits whose main purpose is to instruct the patient in a home exercise program. The physical therapy visits provided prior to this request was not known and the eight requested and the 13 provided are not consistent with MTUS ACOEM guidelines. Therefore, the request is not medically necessary.

THERAPEUTIC EXERCISES AND MANUAL THERAPY X 8 SESSIONS TO BILATERAL KNEES: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 329 - 353.

Decision rationale: Therapeutic exercise and manual therapy are physical therapy modalities. It was unclear about the number of physical therapy visits he had prior to that request. He had 13 visits during the time of the request. MTUS, ACOEM recommends a couple of physical therapy visits whose main purpose is to instruct the patient in a home exercise program. The physical therapy visits provided prior to this request was not known and the eight requested and the 13 provided are not consistent with MTUS ACOEM guidelines. Therefore, the request is not medically necessary.

MRI ARTHROGRAM OF BILATERAL KNEES: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 329 - 353.

Decision rationale: There were no red flag signs. By the time this was requested, the patient had two sets of x-rays of each knee and an MRI of each knee in 09/2013. There is no documentation that he was contemplating surgery. There was no documentation that he consented to surgery pending the result of the arthrogram and there is no documentation that the requested arthrogram would be used to manage this patient. There is insufficient documentation to substantiate that the requested test is consistent with MTUS ACOEM guidelines. Therefore, the request is not medically necessary.