MAXIMUS Federal Services

Case Number:	CM14-0011052		
Date Assigned:	02/21/2014	Date of Injury:	01/16/2013
Decision Date:	07/28/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/28/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

Patient is a 53-year-old male who has submitted a claim for right knee tear of the medial and lateral menisci status post arthroscopy, sleep disturbance, hypertension, rule out pulmonary disease, rule out chronic airway obstruction, rule out Cheyne-Stokes respiration, rule out sleep-disordered breathing, and rule out obstructive sleep apnea associated with an industrial injury date of 01/16/2013.Medical records from 2013 to 2014 were reviewed. Patient complained of right knee pain, described as dull and achy, associated with stiffness. Giving-way and locking sensation were noted. Aggravating factors included standing, walking, and squatting. Patient likewise reported loss of sleep due to pain. He had loud snoring, daytime somnolence, nightmares, night sweats and leg restlessness. Bed partners did not observe apnea. Patient experienced awakening 4 times per night, and daytime somnolence. Patient's height is 6 feet, weight of 225 pounds, and a derived body mass index of 30.5 kg/m2. Range of motion of right knee was 140 degrees and painful. Tenderness, crepitation, weakness, positive patellofemoral grind test, and positive McMurray's were evident. There was no ligament instability. Gait was antalgic. Reflexes and sensation were normal.MR Arthrogram of the right knee from 12/19/2013 was normal.Cardio-respiratory testing performed on 12/16/2013 revealed abnormal responses to autonomic challenges (deep breathing, Valsalva, or standing) suggesting autonomic dysfunction.Treatment to date has included right knee repair on 07/07/2013, 17 post-operative physical therapy sessions, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY # 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

Decision rationale: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. In this case, the documented rationale is to increase ROM, to improve activities of daily living, and to provide pain relief. However, patient already attended 17 post-operative physical therapy sessions since July 2013. It is unclear why patient is still not versed to home exercise program to address the residual deficits. Moreover, there are no recent reports of acute exacerbation or progression of symptoms that would warrant additional course of treatment. The medical necessity has not been established. The request likewise failed to specify body part to be treated. Therefore, the request for physical therapy # 4 is not medically necessary.

ACUPUNCTURE #6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: CA MTUS Acupuncture Medical Treatment Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture treatments may be extended if functional improvement is documented. The frequency and duration to produce functional improvement is 3 - 6 treatments, frequency of 1 - 3 times per week, and duration of 1 - 2 months. It may be extended if functional improvement is documented. In this case, patient has persistent right knee pain despite surgery and physical therapy. The documented rationale is to increase ROM, to improve activities of daily living, and to provide pain relief. Acupuncture may be a reasonable option; however, the request failed to specify body part to be treated. The request is incomplete; therefore, the request for Acupuncture #6 is not medically necessary.

ESWT SESSIONS TO 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 & Leg (Acute & Chronic).

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

Decision rationale: CA MTUS does not address extracorporeal shockwave therapy (ESWT). However, Official Disability Guidelines (ODG) states that ESWT is ineffective for treating patellar tendinopathy compared to the current standard of care emphasizing multimodal physical therapy focused on muscle retraining, joint mobilization, and patellar taping. In this case, the documented rationale is to increase ROM, to improve activities of daily living, and to provide pain relief. Patient complained of residual right knee pain despite recent surgery. However, there was no evidence that the patient has patellar tendinopathy. MR Arthrogram of the right knee from 12/19/2013 showed normal results. In addition, the medical records failed to establish compelling circumstances to warrant use of ESWT despite lack of evidence of its efficacy. Lastly, the present request as submitted failed to specify the number of sessions. Therefore, the request for ESWT sessions to right knee is not medically necessary.

PURCHASE -TENS UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Criteria for the use of TENS Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS in Chronic Pain Page(s): 114-116.

Decision rationale: As stated on page 114 of CA MTUS Chronic Pain Medical Treatment Guidelines, TENS units are 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. In this case, the documented rationale is to increase range of motion, and to decrease pain. However, recent progress reports failed to establish that patient is on a home exercise program, which is a necessary adjunct with TENS therapy. Moreover, it is unclear why a rental unit cannot suffice at this time. In addition, the request did not specify the duration of time for TENS unit use. Therefore, the request for purchase - TENS (Transcutaneous Electrical Nerve Stimulator) unit is not medically necessary.

CARDIORESPIRATORY DIAGNOSTIC TESTING (AUTONOMIC FUNCTION ASSESSMENT): Upheld

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

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: Assessment of the Functioning of Autonomic Nervous System in the Context of Cardiorespiratory Reflex Control, Kardiologia Polska 2010: 68, 8: 951-957 (http://www.ncbi.nlm.nih.gov/pubmed/20730734).

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the article entitled Assessment of the Functioning of Autonomic Nervous System in the Context of Cardiorespiratory Reflex Control was used instead. It states that derangements within autonomic nervous system take part in the natural history of cardiovascular disease. Current paper presents three categories of methods measuring autonomic status: direct methods (e.g. laboratory tests measuring circulating catecholamine levels), indirect methods applied at rest (e.g. analysis of heart rate variability, sequence methods of arterial baroreflex sensitivity assessment) and indirect methods, associated with the exposure to physiological stimuli (e.g. central and peripheral chemoreceptor sensitivity assessment, invasive methods of arterial baroreflex sensitivity assessment). This review provides an insight into the physiology of reflex regulatory mechanisms within cardiorespiratory system, including their complex and unstable nature. In this case, patient reported loss of sleep due to pain. He had loud snoring, daytime somnolence, nightmares, night sweats and leg restlessness. Patient experienced awakening 4 times per night, and daytime somnolence. Working impression included rule out pulmonary disease, rule out chronic airway obstruction, rule out Cheyne-Stokes respiration, rule out sleep-disordered breathing, and rule out obstructive sleep apnea. However, cardio-respiratory testing was already performed on 12/16/2013 revealing abnormal responses to autonomic challenges (deep breathing, Valsalva, or standing) suggesting autonomic dysfunction. There is no clear rationale for repeating a similar test at this time. The medical necessity was not established. Therefore, the request for cardiorespiratory diagnostic testing (autonomic function assessment) is not medically necessary.

SLEEP STUDY: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Polysomnography.

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

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Pain Chapter was used instead. According to ODG, criteria for Polysomnography include excessive daytime somnolence; cataplexy; morning headache; intellectual deterioration; personality change; and insomnia complaint for at least six months, unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. In this case, patient reported loss of sleep due to pain. He had loud snoring, daytime somnolence, nightmares, night sweats and leg restlessness. Patient experienced awakening 4 times per night, and daytime somnolence. Working impression included rule out pulmonary disease, rule out chronic airway obstruction, rule out Cheyne-Stokes respiration, rule out sleep-disordered breathing, and rule out obstructive sleep apnea. Cardio-respiratory testing performed on 12/16/2013 revealed abnormal responses to autonomic challenges (deep breathing, Valsalva, or

standing) suggesting autonomic dysfunction. The medical necessity of sleep study was established for further evaluation. Guideline criteria were met. Therefore, the request for sleep study is medically necessary.