

<b>Case Number:</b>	CM14-0011263		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	12/29/2010
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	01/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 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 patient is a 48-year-old male who has filed a claim for right knee contusion associated with an industrial injury date of December 29, 2001. Review of progress notes indicates a sensation of pins and needles in the right knee and plantar surface of the foot. The right knee pain radiates to the right thigh, and is associated with popping, swelling, locking, and buckling. Findings include tenderness over the medial joint line of the right knee, and pain with range of motion activities. Treatment to date has included acupuncture, physical therapy, synvisc injection to the right knee, corticosteroid injection to the right knee, opioids, muscle relaxants, gabapentin, anti-depressants, topical analgesics, knee bracing, and TENS. Utilization review from January 08, 2014 denied the requests for random urine drug screen as there was no description of use of Vicodin, or the results of previous tests; X-force unit purchase as there was no mention of benefit from prior electrostimulation treatment; right knee cortisone injection as there was no mention of when the previous injection was, or the amount of benefit received; and home exercise kit for the right knee as there was no documentation of necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Random Urine Drug Test:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

**Decision rationale:** As stated on page 78 of the California MTUS Chronic Pain Medical Treatment Guidelines, urine drug screens are recommended as an option to assess order use or presence of illegal drugs and as ongoing management for continued opioid use. In this case, the patient is prescribed Vicodin, and there is no documentation of previous urine drug screens. Although there are no indications to suspect aberrant drug use behavior, a urine drug screen is reasonable at this time for baseline monitoring of medication compliance. Therefore, the request for random urine drug test was medically necessary.

**X-Force Unit-Purchase:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS, Chronic Pain (Transcutaneous Electrical Nerve Stimulation) Page(s): 114-116.

**Decision rationale:** The X Force stim is noted to be a TENS unit as well as a transcutaneous electrical joint stimulation unit. As stated on pages 114-116 of the California MTUS Chronic Pain Medical Treatment Guidelines, TENS units are not recommended as the primary treatment modality but a one-month trial may be considered if used as an adjunct to a program of evidence-based functional restoration given that conservative treatment methods have failed and that a specific treatment plan with short and long term goals has been established. The California MTUS, The Official Disability Guidelines, and peer-reviewed literature do not address transcutaneous electrical joint stimulation. In this case, the patient has previously used TENS. However, there was no documentation of functional benefits derived from TENS. Also, there is no discussion regarding the necessity for a combination electrotherapy unit. Therefore, the request for X-force unit purchase was not medically necessary.

**Right Knee Cortisone Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee and Leg chapter, Corticosteroid Injections.

**Decision rationale:** The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, intra-articular glucocorticosteroid injections are indicated in cases with documented symptomatic severe osteoarthritis and at least 5 of the following: bony enlargement, bony tenderness, crepitus on active motion, ESR less than 40mm/hr, greater than 30 minutes of morning stiffness, no

palpable warmth of synovium, greater than 50 years of age, RF less than 1:40 titer, and normal synovial fluid, not controlled adequately by conservative treatments. A second injection is not recommended if the first has resulted in complete resolution of symptoms, or if there has been no response. Previous cortisone injection provided relief of approximately 3 weeks. In this case, there was no clear documentation of severe knee osteoarthritis to support another cortisone injection. Therefore, the request for right knee cortisone injection was not medically necessary.

**Home Exercise Kit For Right Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee and Leg Chapter, Home Exercise Kits.

**Decision rationale:** The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, home exercise kits are recommended. There is mention that the patient has had previous physical therapy, but there is no documentation regarding these sessions. The requesting physician notes that the exercise kit is part of the functional restoration program being implemented for this patient. However, there is no documentation that the patient has been instructed and is engaged in a home exercise program. Additional information is necessary at this time to support this request. Therefore, the request for home exercise kit for right knee was not medically necessary.