

Case Number:	CM14-0110484		
Date Assigned:	08/04/2014	Date of Injury:	10/03/2013
Decision Date:	10/14/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/15/2014

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 40-year-old female who has submitted a claim for discogenic lumbar condition with a radicular component, knee internal derangement of the right, right ankle sprain, lower leg contusion, ankle contusion, and sciatica associated with an industrial injury date of 10/3/2013. Medical records from 2013 to 2014 were reviewed. Patient complained of right ankle pain, low back pain, and right knee pain. Low-back pain radiated to bilateral lower extremities. This resulted to decreased walking capacity of 5 to 10 minutes only. Aggravating factors included squatting, kneeling, stair climbing, and walking. Pain in the ankle was rated 8/10 in severity, described as sharp, constant, and aggravated by weight-bearing. Patient ambulated using a crutch. Physical examination showed tenderness at the lumbar spine. Range of motion of the lumbar spine was full. Examination of the right knee showed no evidence of acute inflammation, instability and crepitus, or locking. Range of motion was full. Examination of the right ankle showed no evidence of acute inflammation. Range of motion was likewise normal. Motor strength and reflexes were intact. Provocative maneuver testing was negative. Treatment to date has included physical therapy and medications. Utilization review from 6/18/2014 denied the request for Ko with Adj Flex/Ext Rotat Cus - Hot + Cold Wrap because patient was 8 months in post-operative state and there was no indication concerning need for a new wrap; denied knee brace because there was no discussion as to why it should be used as an adjunct with a lateral unloader brace; denied back brace because patient was not in acute phase of treatment of low back pain; denied TENS unit for her right ankle because of no evidence of any positive finding pertaining to the right ankle; and denied Richie Ankle brace for the right ankle because there was no indication that the patient needed any type of ankle support.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ko with Adj Flex/Ext Rotat Cus - Hot + Cold Wrap: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Low Back

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: Aetna Clinical Policy Bulletin: Cryoanalgesia and Therapeutic Cold

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Aetna was used instead. Aetna considers the use of the Hot/Ice Machine and similar devices (e.g., the Hot/Ice Thermal Blanket, the TEC Thermoelectric Cooling System (an iceless cold compression device), the Vital Wear Cold/Hot Wrap, and the Vital Wrap) experimental and investigational for reducing pain and swelling after surgery or injury. Studies in the published literature have been poorly designed and have failed to show that the Hot/Ice Machine offers any benefit over standard cryotherapy with ice bags/packs; and there are no studies evaluating its use as a heat source. In this case, patient complained of right knee pain, aggravated by bending and squatting. Examination of the right knee showed no evidence of acute inflammation, instability and crepitus, or locking. Range of motion was full. However, there was no discussion as to why standard ice/hot bags/packs would not suffice to provide symptomatic relief. Moreover, physical examination was normal. The medical necessity was not established. Therefore, the request for Ko with Adj Flex/Ext Rotat Cus - Hot + Cold Wrap was not medically necessary.

Knee Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340, 346 - Table 13-6.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340.

Decision rationale: CA MTUS states that a knee brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability although its benefits may be more emotional than medical. In this case, patient has a known right knee internal derangement. She complains of right knee pain, aggravated by bending and squatting. Examination of the right knee shows no evidence of acute inflammation, instability and crepitus, or locking. Range of motion is full. However, there is no clear indication for a knee brace based on the documents submitted. There are no signs of instability as noted. There is no discussion concerning need for variance from the guidelines. Therefore, the request for knee brace is not medically necessary.

Back Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301 & 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: As stated on CA MTUS ACOEM Low Back Chapter, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In this case, patient complained of right-sided low back pain. Physical examination showed tenderness at the lumbar spine. Range of motion of the lumbar spine was full. Symptoms commenced since the injury date of 10/3/2013. However, the request for a back brace as part of the conservative treatment regimen was outside the initial acute phase of injury and not supported by the guidelines. Therefore, the request for back brace was not medically necessary.

TENS Unit for Right Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, 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, patient complained of right ankle pain, rated 8/10 in severity, described as sharp, constant, and aggravated by weightbearing. Patient ambulated using a crutch. Examination of the right ankle showed no evidence of acute inflammation. Range of motion was likewise normal. Motor strength and reflexes were intact. However, medical records submitted and reviewed did not provide any evidence that patient was still continuing her home exercise program; TENS was not recommended as a solitary treatment modality. Moreover, as stated on page 116, a treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. There was no documentation submitted regarding specific goals that should be achieved with the use of TENS. The guideline criteria have not been met. In addition, the request did not specify the duration of time for treatment and if the device was for rental or purchase. Therefore, the request for TENS (Transcutaneous Electrical Nerve Stimulator) unit for right ankle was not medically necessary.

Richie Ankle brace for the right ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Ankle and Foot

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Section, Durable Medical Equipment

Decision rationale: The CA 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. For ankle sprains, the use of an elastic bandage appears to be associated with a slower return to work and more reported instability than a semi-rigid ankle support. Lace-up ankle support appears effective in reducing swelling in the short-term compared to semi-rigid support, elastic bandage, and tape. In this case, patient complained of right ankle pain, rated 8/10 in severity, described as sharp, constant, and aggravated by weightbearing. Patient ambulated using a crutch. Examination of the right ankle showed no evidence of acute inflammation. Range of motion was likewise normal. Motor strength and reflexes were intact. There was no clear indication for bracing when physical examination showed normal findings. Range of motion was full. There was no evidence of instability. The medical necessity was not established. There was likewise no discussion for a Richie-type of brace. Therefore, the request for Richie Ankle brace for the right ankle was not medically necessary.