

Case Number:	CM14-0130251		
Date Assigned:	08/20/2014	Date of Injury:	05/14/2009
Decision Date:	09/23/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/13/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 69-year-old male with a date of injury of 05/14/2009. The listed diagnoses per [REDACTED] are: 1. Cervical musculoligamentous sprain/strain. 2. Lumbar musculoligamentous strain/sprain. 3. Left shoulder arthroscopic repair, 2010. 4. Status post right knee arthroscopy, 2008. 5. Bilateral hand/trigger tenosynovitis. 6. Bilateral elbow lateral epicondylitis. 7. Pulmonary, internal medicine, hypertension, and psychiatric complaints. 8. Status post blunt head trauma and loss of consciousness secondary to a fall on 02/04/2011. 9. Left knee contusion/sprain. According to progress report 07/09/2014, the patient presents with persistent and increased right knee pain with noted swelling. The patient reports difficulty with walking due to pain. The patient also complains of frequent low back pain with bending and stooping. Examination of the bilateral knees revealed portal scars on the right as prior with varus deformity. There is evidence of swelling over the patellofemoral joint on the right with tenderness to palpation over the medial and lateral joint lines and patellofemoral joints bilaterally. Grind test and compression test are both positive. Range of motion of the right knee is measured as flexion 106 degrees and extension 0 degrees. Range of motion of the left knee is measured as flexion 104 degrees and extension 0 degrees. Examination of lumbar spine revealed increased tenderness to palpation with spasm over the paravertebral musculature, positive straight leg raise, and decreased range of motion with pain. The treater is requesting orthopedic consultation, right knee medial unloader brace with BionCare Knee System, adjustable orthopedic mattress, scooter with lift for the car, home care assistance 4 hours a day 2 days per week, nurse case manager, and a life care planner. Utilization review denied the request on 08/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Surgical Consultation regarding left knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 15 Stress Related Conditions Page(s): 92. Decision based on Non-MTUS Citation OMPG, INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS CHAPTER 7 PAGE#92 OFFICIAL DISABILITIES GUIDELINES: LUMBAR CHAPTER (OFFICE VISITS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter: 7, page 127.

Decision rationale: This patient presents with continued bilateral knee and low back complaints. [REDACTED] is requesting an orthopedic surgical consultation with [REDACTED] for possible left knee surgery given the patient's positive diagnostic ultrasound study findings of medial meniscus tear with continued pain and failure to improve with conservative care. ACOEM Practice Guidelines second edition (2004) page 127 has the following: "The occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." In this case, the treater is concerned of patient's continued complaints of pain, swelling and "giving way." A referral for an orthopedic consultation for further evaluation may be indicated. The request for an Orthopedic Surgical Consultation regarding left knee is medically necessary.

Right knee medial unloader brace with Bionicare Knee System for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES - KNEE CHAPTER, KNEE BRACES.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: This patient presents with continued bilateral knee and low back pain. The treater is requesting authorization for right knee medial unloader brace with "BioniCare Knee System for the right knee due to degenerative changes along the medial joint line with a goal of stability and decreasing pain and avoidance of a knee replacement." ODG Guidelines does recommend knee brace for the following conditions "knee instability, ligament insufficient, reconstructive ligament, articular defect repair as vascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental OA, or tibial plateau fracture." ODG Guidelines has the following regarding BioniCare knee device, "recommended as an option for patients in a therapeutic exercise program for osteoarthritis of the knee who may be candidates for total knee arthroplasty but want to defer surgery. This device received FDA approval as a TENS device but there are additional claims of tissue regeneration, effectiveness, and studies suggesting the possibility of deferral of TKA with

the use of the BioniCare device." In this case, the patient does not meet the indications for a knee brace with BioniCare system. There is no documentation of osteoarthritis. The request for a Right knee medial unloader brace with Bionicare Knee System for the right knee is not medically necessary.

Adjustable orthopedic mattress: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation : http://www.odg-twc.com/odgtwc/low_back.htm#Protocols.

Decision rationale: This patient presents with continued bilateral knee and low back complaints. The providing physician is requesting authorization for an adjustable orthopedic bed stating "the patient reports difficulty with sleep due to combined effects of his ongoing low back pain and chronic obstructive pulmonary disease." The MTUS and ACOEM Guidelines do not discuss adjustable beds. However, ODG Guidelines do quote one study indicates that this is under study, "Under study. A recent clinical trial concluded that patients with medium firm mattresses had better outcomes than patients with firm mattresses for pain in bed, pain on rising, and disability. A mattress of medium firmness improves pain and disability among patients with chronic nonspecific low back pain." Furthermore, ODG Guidelines discuss durable medical equipment and state that for equipment to be considered medical treatment, it needs to be used primarily and customarily for medical purposes; generally, it is not useful to a person in the absence of illness or injury. In this case, a bed does not meet these criteria. The request for an adjustable orthopedic mattress is not medically necessary.

Scooter with lift for the car: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines POWER MOBILITY DEVICES (PMDS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices Page(s): 99. Decision based on Non-MTUS Citation AETNA guidelines.

Decision rationale: This patient presents with continued bilateral knee and low back pain. The providing physician is requesting authorization for scooter with a lift car stating the patient is only able to walk one and a half block due to his lumbar spine and bilateral knee pain with chronic obstructive pulmonary disease. Providing physician states the patient will require a lift on his vehicle, so he can transport his scooter. Power Mobility Devices under MTUS page 99 states, "Not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair. Early exercise, mobilization and independence should be encouraged at all steps of the injury recovery process, and if there is any mobility with canes or

other assistive devices, a motorized scooter is not essential to care." The ACOEM, MTUS and ODG Guidelines do not discuss chair lifts. AETNA guidelines support chair or patient lifts if the patient is incapable of standing from a seated position, among other requirement. There is no evidence that this patient is unable get up from a seated position. In this case, physical examination does not reveal the patient being unable to use a cane or walker, or that the patient has upper extremity strength issues to not be able to handle a manual w/c. The request for a Scooter with lift for the car is not medically necessary.

Home care assistance, four hours per day, 2 days per week: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 91,Chronic Pain Treatment Guidelines HOME HEALTH SERVICES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: This patient presents with bilateral knee and low back complaints. The treater is requesting authorization for home care assistant in a frequency of 4 hours per day, 2 days per week to assist for household chores including mopping, vacuuming, dusting, cleaning the bathroom, sweeping, cooking as well as yard work and pool cleaning. The MTUS page 51 has the following regarding home services, "Recommended only for otherwise recommended medical treatment for patients who are home-bound on a part-time or intermittent basis generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." MTUS guidelines do not support home-care if "this is the only care needed." The treater appears to be asking for house cleaning only, with no other medical care needed at home. Recommendation is for denial.

Home care assistance, four hours per day, 2 days per week: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 91,Chronic Pain Treatment Guidelines HOME HEALTH SERVICES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: This patient presents with bilateral knee and low back complaints. The providing physician is requesting authorization for home care assistant in a frequency of 4 hours per day, 2 days per week to assist for household chores including mopping, vacuuming, dusting, cleaning the bathroom, sweeping, cooking as well as yard work and pool cleaning. The MTUS page 51 has the following regarding home services, "Recommended only for otherwise recommended medical treatment for patients who are home-bound on a part-time or intermittent basis generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." MTUS guidelines do not support home-care if "this is the only care needed." The providing

physician appears to be asking for house cleaning only, with no other medical care needed at home. The request for Home care assistance, four hours per day, and 2 days per week is not medically necessary.

Transportation to and from all medical appointments: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACCOEM GUIDELINES, CHAPTER 5 PAGE# 91.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA guidelines on transportation: (www.aetna.com).

Decision rationale: This patient presents with continued bilateral knee and low back pain. The providing physician is requesting authorization for transportation to and from all medical appointments. The MTUS, ACOEM and ODG guidelines do not discuss transportation. AETNA guidelines do support transportation services if it is essential to medical care. Evidence of medical necessity that specifically identifies the medical condition needs to be provided. In this case, the providing physician does not provide such information other than simply recommending transportation. The medical necessity of transportation services was not established as the providing physician does not discuss if patient lives alone or why patient would not be able to arrange her own transportation. The request for transportation to and from all medical appointments is not medically necessary.

Nurse Case Manager: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACCOEM GUIDELINES 2004, CORNERSTONES OF DISABILITY PREVENTION AND MANAGEMENT, CHAPTER 5 PAGE# 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8.

Decision rationale: The patient presents with bilateral knee and low back complaints. The providing physician is requesting authorization for "nurse case manager to assist with coordination of the patient's care." The ACOEM, MTUS, and ODG Guidelines do not discuss nurse case managers. MTUS page 8 has the following, "The physician should periodically review the course of treatment of the patient and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives." In this case, MTUS requires that the treating physicians provide monitoring and coordination of care. The request for Nurse Case Manager is not medically necessary.

Life Care Planner: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8.

Decision rationale: This patient presents with bilateral knee and low back pain. The providing physician is requesting authorization for "life care planner to determine the patient's specific needs (i.e. possible modification to his home, etc.)." The ACOEM, MTUS, and ODG Guidelines do not discuss nurse Life Care Planners. MTUS page 8 has the following, "The physician should periodically review the course of treatment of the patient and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives." In this case, MTUS require that the treating physicians provide monitoring and coordination of care. The request for life care planner is not medically necessary.