

Case Number:	CM14-0170485		
Date Assigned:	10/30/2014	Date of Injury:	09/18/2013
Decision Date:	12/05/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/15/2014

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 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 58 year old female with date of injury 9/18/13. The treating physician report dated 8/20/14 indicates that the patient presents with pain continued pain affecting the knees that is constant and rated an 8/10 that is worsening with locking, giving way and crunching. Current medications include Citalopramhlor 20mg, Allopurinol 300mg, Valsartan 325mg and Warfarin 5mg. The physical examination findings reveal tenderness of both knees, positive McMurray test bilaterally, difficulty with heel walk and she is unable to perform squat rise and duck walk. The current diagnoses are left leg blood clot; degenerative joint disease of bilateral knees; contusion of bilateral hands/wrists; and cervical sprain/strain resolved. The utilization review report dated 9/16/14 denied the request for retrospective and prospective urine drug screening, TENS unit, physical therapy left knee two times per week for four weeks, Allopurinol 300mg, Euflexxa injections or the knees based on lack of medical necessity. The patient did receive a modified authorization of the physical therapy request for two times per week for three weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Urine drug screen (DOS 7/9/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The current request is for retrospective Urine drug screen (DOS 7/9/14). The treating physician report dated 8/20/14 states, "I am continuing to request authorization for physical therapy 2x4 to address OA left knee. The patient is to receive continued home exercise program 3x6 to address right knee, focus on decreasing pain levels with increasing strength, range of motion and functional capabilities." There is no information found in the reports submitted recommending a urine drug screen. The MTUS guidelines recommend urine toxicology drug screenings for patients that are taking opioids to avoid their misuse. The review of the reports provided does not show that the patient was taking any opioids as of 8/20/14. There is no discussion regarding the medical necessity for a urine drug screening and MTUS does not support regular urine drug screenings for patients that are not at high risk for abuse. Therefore, this request is not medically necessary.

Prospective Urine drug screen: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The current request is for prospective Urine drug screen. The treating physician report dated 8/20/14 states, "I am continuing to request authorization for physical therapy 2x4 to address OA left knee. The patient is to receive continued home exercise program 3x6 to address right knee, focus on decreasing pain levels with increasing strength, range of motion and functional capabilities." There is no information found in the reports submitted recommending a urine drug screen. The MTUS guidelines recommend urine toxicology drug screenings for patients that are taking opioids to avoid their misuse. On 8/20/14 the patient was prescribed Tylenol #3. The utilization review physician authorized one urine drug screening on 8/20/14 as the patient was prescribed an opiate. The review of the reports provided does not show that there were any urine toxicology screenings in 2014. Therefore, this request is medically necessary.

TENS unit and supplies (rental or purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation BlueCross BlueShield: TENS

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain transcutaneous electrical nerve stimulation Page(s): 114-116.

Decision rationale: The current request is for TENS unit and supplies (rental or purchase). The treating physician reports reviewed do not indicate that the patient has had a trial of TENS. There is no documentation found to indicate that the treating physician has documented a prescription

for a TENS unit either for rental or purchase and there is no plan submitted for the usage of a TENS unit. The MTUS Guidelines do support a trial of TENS for specific indications including neuropathic pain, Multiple Sclerosis, CRPS, phantom pain, spasticity pain. In this case, the patient presents with knee pains and does not have a diagnosis for which TENS unit would be indicated. Therefore, this request is not medically necessary.

Physical therapy for the left knee, two times per week for four weeks: Upheld

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

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

Decision rationale: The current request is for physical therapy for the left knee, two times per week for four weeks. The patient received 6 physical therapy treatments from 4/16/14 to 5/9/14 and the physical therapy report states, "The patient has pain rated a 3/10, decreased swelling, patient continues to perform exercises with great effort. Patient responded fairly well to therapy provided." The treating physician report dated 8/20/14 states, "I am continuing to request authorization for physical therapy 2x4 to address OA left knee. The patient is to receive continued home exercise program 3x6 to address right knee, focus on decreasing pain levels with increasing strength, range of motion and functional capabilities." The MTUS guidelines recommend physical therapy 8-10 sessions for myalgia and neuritis type conditions. In this case the patient has recently received physical therapy and improved with care. The treating physician specifically notes that the patient is performing a home exercise program and there is no medical documentation that indicates a new injury has occurred only increased knee pain. The MTUS guidelines do not support ongoing continued physical therapy. Therefore, this request is not medically necessary.

Allopurinol 300mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Guide

Decision rationale: The current request is for Allopurinol 300mg. The treating physician has prescribed Allopurinol since at least 4/9/14. Allopurinol (Alloprim, Zyloprim) is stated in Mosby's Drug Guide to be used in the prevention of gout, renal calculi due to either uric acid or calcium oxalate, and in the prophylaxis and treatment of uric acid neuropathy. In this case the patient has not been diagnosed with gout. Allopurinol is not used for the treatment of osteoarthritis of the knees. Therefore, this request is not medically necessary.

Euflexxa injections of the right knee: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg chapter for Hyaluronic acid injections

Decision rationale: The current request is for Euflexxa injections of the right knee. The treating physician has documented that the patient received viscosupplement injections in the right knee in January 2014 providing long term relief and is requesting bilateral Euflexxa injections. The Official Disability Guidelines do recommend Hyaluronic acid injections for patients with symptomatic osteoarthritis with criteria for injections. The provider in this case has documented that the patient has symptomatic osteoarthritis that has not resolved with conservative treatments. There are physical findings of tenderness, crepitus and decreased ranges of motion. The treating physician also has documented that the previous hyaluronic acid injections provided relief of symptoms lasting for over 6 months. Therefore, this request is medically necessary.

Euflexxa injections of the left knee: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg chapter for Hyaluronic acid injections

Decision rationale: The current request is for Euflexxa injections of the left knee. The treating physician has documented that the patient received viscosupplement injections in the right knee in January 2014 providing long term relief and there is no documentation that the patient has received a trial of Euflexxa injections of the left knee. The Official Disability Guidelines do recommend Hyaluronic acid injections for patients with symptomatic osteoarthritis with criteria for injections. The provider in this case has documented that the patient has symptomatic osteoarthritis that has not resolved with conservative treatments. There are physical findings of tenderness, crepitus and decreased ranges of motion and a diagnosis of osteoarthritis of the knees is documented. The treating physician has requested an initial trial of Euflexxa injections that is supported by the Official Disability Guidelines. Therefore, this request is medically necessary.