MAXIMUS Federal Services

Case Number:	CM14-0176412		
Date Assigned:	10/29/2014	Date of Injury:	07/23/2008
Decision Date:	12/05/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/24/2014

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 Family 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:

This is a 63 year old female injured worker who sustained a work related injury on 7/23/2008. She sustained the injury due to cumulative trauma to her left knee from repetitive bending and retrieving of files. The current diagnoses include left knee chondromalacia/patellofemoral arthritis. According to the doctor's note dated 9/15/14 injured worker had complaints of left knee pain at 7/10 and lumbar spine pain at 6/10. Physical examination revealed an antalgic gait, favoring her left lower extremity, lumbar spine- positive facet maneuver on the left side only, spasm and tenderness; bilateral knees- range of motion- flexion 140 and extension 0 degree, tenderness over the medial and lateral joint line on the left side, positive varus and valgus stress test bilaterally. The medication list includes Etodolac, Tramadol, Vicodin, Lyrica, Trazodone, Tylenol, Flexeril and Voltaren Cream; Metoprolol Tartrate, Benazepril/Hydrochlorothiazide, Amlodipine, Klor-Con and Triamterene/ Hydrochlorothiazide; ProAir HFA and Sertraline. She has had left knee magnetic resonance imaging (MRI) dated 10/1/2008 which revealed blunt free edge body medial meniscus with grade I medial collateral ligament sprain and tibial collateral ligament bursitis with mild medial compartmental chondral thinning and with medial subluxation of the medial meniscus, marked patellofemoral degenerative change with lateral patellar tilt and subluxation and with shallow trochlear groove with superolateral Hoffa's pad edema/Hoffitis, small joint effusion and small popliteal cyst and heterogeneous but intact anterior cruciate ligament. She has undergone left hand ganglion/cyst removal over 30 years ago. She has had physical therapy visits and knee brace for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nonspecific Lab Work (Blood Work): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 13 Knee Complaints Page(s): 79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Routine Suggested Monitoring Page(s): 70.

Decision rationale: Per the cited guidelines, "Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established."Per the records provided injured worker has hypertension that would require periodic lab tests along with frequent acetaminophen or NSAID use. According to the cited guidelines, lab test are recommended for 4 to 8 weeks after starting NSAIDs therapy. The duration of taking the NSAIDS in this injured worker, is not specified in the records provided. The reports of the previous blood tests along with dates and results are not specified in the records provided. Details about the specific blood tests requested are not specified in the records provided.The medical necessity of Nonspecific lab work (blood work) is not established; therefore, the request is not medically necessary.

4 Acupuncture Sessions for Left Knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: CA MTUS Acupuncture medical treatment guidelines cited below 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." CA MTUS Acupuncture guidelines recommend up to 3 to 6 treatments over 1 to 2 months for chronic pain.The medical records provided do not specify any intolerance to pain medications. The records submitted contain no accompanying current physical therapy/acupuncture evaluation for this injured worker. Previous conservative therapy notes are not specified in the records provided. Response to previous conservative therapy including physical therapy visits is not specified in the records provided.The medical necessity of Acupuncture, left knee, 4 sessions is not established; therefore, the request is not medically necessary.

Physical Therapy 2 Times a Week For 4 Weeks For The Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints,Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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

Decision rationale: The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. Per the records provided, injured worker has already had unspecified numbers of physical therapy visits for this injury. The requested additional visits in addition to the previously rendered physical therapy sessions are more than recommended by the cited criteria.There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Previous physical therapy visit notes are not specified in the records provided.Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels."A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided.The medical necessity of Physical therapy 2 times a week for 4 weeks for the left knee is not established; therefore, the request is not medically necessary.

Brace for the Left 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) Treatment in Workers Compensation (TWC), Knee & Leg (acute & chronic) (updated 08/25/2014)

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

Decision rationale: Per the ACOEM guidelines cited below "A brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. In all cases, braces need to be properly fitted and combined with a rehabilitation program."Any evidence for the need of stressing the knee under load such as climbing ladders or carrying boxes is not specified in the records provided. Significant consistent evidence of patellar instability, anterior cruciate ligament (ACL) tear, is not specified in the records provided. Response to conservative therapy including physical therapy and pharmacotherapy is not specified in the records provided.The medical necessity of Brace for the left knee is not established; therefore, the request is not medically necessary.

Voltaren Gel bid: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Chapter:Pain (updated 11/21/14), VoltarenÂ® Gel (diclofenac)

Decision rationale: The cited Guidelines regarding topical analgesics state, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." Any intolerance or contraindication to oral medications is not specified in the records provided. The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Response to antidepressants and anticonvulsants is not specified in the records provided. In addition, per the ODG cited below Voltaren Gel is "Not recommended as a first-line treatment. See Diclofenac Sodium (Voltaren), where Voltaren Gel is recommended for osteoarthritis after failure of an oral NSAID, or contraindications to oral NSAIDs, or for patients who cannot swallow solid oral dosage forms, and after considering the increased risk profile with diclofenac, including topical formulations."The medical necessity of Voltaren gel bid is not established; therefore, the request is not medically necessary.