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| Case Number: | CM14-0021291 | | |
| Date Assigned: | 05/07/2014 | Date of Injury: | 03/09/2011 |
| Decision Date: | 07/15/2014 | UR Denial Date: | 02/03/2014 |
| Priority: | Standard | Application Received: | 02/20/2014 |

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 & 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:

This patient is a 44-year-old male with date of injury of 02/09/2011. Per treating physician's report 01/20/2014, the patient presents for medication refill, utilizing medications, does not experience negative side effects or adverse reactions, uses TENS unit as needed. However, his current unit does not work well and the supplies are too small. The patient tried contacting the company to make adjustments but further assistance was not provided. The patient continues to present with ongoing headaches at intensity of 5/10 to 10/10 with radiation down to neck and bilateral shoulders, daily frequent mid to low back pain is at 7/10, bilateral knee pains at 6/10, intermittent numbness in his toes. Current medications are Norco, glipizide, and metformin. Listed assessments are L3-L4 and L4-L5 degenerative disk disease, L3-L4 and L4-L5 disk extrusion and stenosis, right leg radiculopathy, right knee degenerative joint disease. Under discussion, the patient's knee brace has worn out and the request is for authorization for hinged knee brace for safety precaution. The patient is given Norco. 07/17/2013 report by treating physician provides discussion regarding MRI of the patient's knee from 06/09/2011, describing chondromalacia patella, thinning of the patellar articular cartilage overlying the lateral facet and apex of the patella. Report on 04/26/2013 is reviewed where the patient complains of low back, right knee pain with sleep difficulties. The patient continues to use right knee brace which helps and uses a cane. There is a reference to surgery in the lumbar spine. This progress report reviews diagnostic studies including MRI of the right knee that showed lateral patellar maltracking with lateral patellar overriding of about 4 mm. MRI was from 01/22/2013. X-rays on 01/08/2013 showed 3 mm medial compartment joint space narrowing at the bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

HINGED RIGHT KNEE BRACE: Overturned

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 Official Disability Guidelines (ODG) ODG-TWC Knee Bracing.

Decision rationale: While ACOEM Guidelines do not support knee brace except for instability, ACL tear, medial collateral ligament instability, ODG Guidelines support knee bracing for painful unicompartmental osteoarthritis. In this patient, x-ray showed 3 mm reduction of the medial knee compartment of the bilateral knees. Given the patient's persistent knee pain that is documented to be improved with knee bracing, the request is medically necessary.

30-DAY TRIAL OF H-WAVE UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT) Page(s): 117-118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117, 118.

Decision rationale: The treating physician indicates the patient has failed trial of TENS unit. However, review of the reports show that patient used his TENS unit on daily basis. It is just that he has run out of supplies and pads. A 4/26/2013 report, for example, states that the patient uses TENS unit all day long and it helps. It does not appear that TENS unit failed but in fact, it is helping the patient's pain. Trial of H-wave is not indicated per MTUS Guidelines regarding H-wave and states that the patient must have failed TENS unit as well as other conservative care. In this case, the patient has been using TENS unit with success. The request is not medically necessary.

RANDOM URINE TOXICOLOGY SCREENING TO VERIFY MEDICATION COMPLIANCE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94-95. Decision based on Non-MTUS Citation ODG, Pain chapter, Urine Drug Testing.

Decision rationale: MTUS Guidelines support urine toxicology to help manage chronic opiate use. ODG Guidelines allow once a year urine drug screen for low-risk patients. Review of the reports show that the patient's last urine drug screen is from 10/22/2012, 01/15/2013,

01/22/2013. Two urine drug screens were obtained in January 2013 by 2 different physicians. However, there are no subsequent urine drug screens obtained. Given that the patient is prescribed opiate, namely Norco, once yearly random urine drug screen is supported by MTUS and ODG Guidelines.