MAXIMUS Federal Services

Case Number:	CM14-0063950		
Date Assigned:	07/11/2014	Date of Injury:	07/29/2013
Decision Date:	09/12/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/06/2014

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 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 injured worker is a 26-year-old male who reported an injury on 07/29/2013 reportedly while exiting a low sports car, he attempted to get out of vehicle and place his left foot out of the car and use his right foot to push out, at the same time rotated his body. He heard a loud popping sound, and his right knee felt warm and painful. The treatment history included medication. The injured worker was evaluated on 04/14/2014 and it was documented the injured worker complained of right knee pain. The pain was rated at 8/10. Within the documentation, the provider noted medication does decrease pain, provides account of greater activity and function with medication versus without. Injured worker gives examples of maintenance of activities of daily living with medication as current dosing regimen including grocery shopping, simple household duties, preparation of food for self, bathing and grooming. Enables exercises at recommended level, inactive without medication due to pain. Spasm had remained refractory to stretching, physical therapy, home exercises, cold, and heat, activity modification prior to orphenadrine on board with resultant increase in pain and limited activity and function. Objective findings: right knee lacks 5 degrees extension, flexion 90 degrees, spasm of calf musculature less pronounced. Faber's left lower extremity with ambulation. Diagnoses included rule out medial meniscus tear, right. Within the documentation, the provider noted the injured worker uses TENS unit 5 times per week, that decreases the pain and decreases medication consumption, facilitates improved tolerance to activity. Medication included hydrocodone and Motrin. The Request for Authorization was not submitted for this review. The rationale for the TENS unit was to facilitate improved tolerance to activity and continue with the request for the right knee sleeve was to provide stability.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Special Studies and Diagnostic and Treatment Considerations-Knee Complaints., page(s) 341-343.

Decision rationale: The requested service is not medically necessary. According to the California MTUS/ACOEM Guidelines, Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The position of the American College of Radiology (ACR) in its most recent appropriateness criteria list the following clinical parameters as predicting absence of significant fracture and may be used to support the decision not to obtain a radiograph following knee trauma. Patient is able to walk without a limp, Patient had a twisting injury and there is no effusion, The clinical parameters for ordering knee radiographs following trauma in this population are: Joint effusion within 24 hours of direct blow or fall, Palpable tenderness over fibular head or patella, Inability to walk (four steps) or bear weight immediately or within a week of the trauma and inability to flex knee to 90 degrees. Most knee problems improve quickly once any red-flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. Even so, remember that while experienced examiners usually can diagnose an ACL tear in the non-acute stage based on history and physical examination, these injuries are commonly missed or over diagnosed by inexperienced examiners, making MRIs valuable in such cases. Also note that MRIs are superior to arthrography for both diagnosis and safety reasons. Provides a general comparison of the abilities of different techniques to identify physiologic insult and define anatomic defects. The injured worker had previous physical therapy sessions and home exercise regimen however, the outcome measurements were not provided. The provider failed to indicate long- term functional restoration goals for the injured worker. Therefore, the request for MRI on the right knee is not medically necessary.

TENS unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): Page 114-116.

Decision rationale: The requested is non-certified. Chronic Pain Medical Treatment Guidelines do not recommend a TENS unit 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 and other ongoing pain treatment including medication usage. It also states that the TENS unit is recommended for neuropathic pain including diabetic neuropathy and post-herpetic neuralgia. The guidelines recommends as a treatment option for acute post-operative pain in the first thirty days post-surgery. In addition, the provider failed to indicate long-term functional goals for the injured worker. The request failed to indicate the location where TENS unit is required. In addition, the guidelines recommend 30 day trial the recommended the request failed to indicate duration of trial home use for the injured worker. Given the above, the request TENS unit for purchase is non-certified.

Medical sleeve purchase for right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg; Knee brace.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337.

Decision rationale: The authorization request for the medical sleeve purchase for the right knee is non-certified. Per (ACOEM) Guidelines, an immobilizer may be recommended only if needed for meniscal tears, collateral ligament strain or cruciate ligament tear. The guidelines also states that adjustment or modification of workstation, job tasks, or work hours and methods stretching specific knee exercises for range of motion and strengthening (avoid leg extensions for PFSs but not SLRs). At-home local applications of cold packs in first few days of acute complaints; thereafter, applications of heat packs and aerobic exercise. The diagnoses of the injured worker included moderate effusion sprain/strain, severe pain with limitation ambulation, status post cortisone injection, status post arthroscopy all of the left knee. The documents that provided lacked evidence of conservative care such as home exercise and physical therapy. Given the above, request for the medical sleeve purchase for the right knee is non-certified.