

Case Number:	CM14-0083378		
Date Assigned:	08/08/2014	Date of Injury:	10/31/2013
Decision Date:	09/29/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/04/2014

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 Internal Medicine, Pulmonary Diseases 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 50-year-old male who reported an injury on 10/31/2013 while going up and down stairs in a parking structure. He started feeling a sharp pain in his right knee for the first time. The injured worker stated that he had tried self treatment with ice and knee brace, but the pain would persist with weight bearing activities. Diagnoses were postoperative right knee failed per patient, right knee tenosynovitis rule out derangement, left knee tenosynovitis rule out derangement, lumbar facet syndrome, and sacroiliac joint inflammation. Past treatments were physical therapy and Synvisc injections. Diagnostic studies were MRI of the right knee that revealed a torn meniscus. Surgical history was right knee surgery for repair of the torn meniscus. Physical examination on 05/08/2014 revealed a pain level of a 6/10, and the only thing that would make it feel better was by massaging the knee and resting it. The injured worker stated walking up stairs and standing on right leg usually triggered the pain. He also reported there was a limited range of motion in the right knee. There were also complaints of left knee pain due to compensating for the pain in the right knee. Also, there were complaints of low back pain. Examination of the spine, for range of motion revealed flexion was to 50 degrees, extension was to 20 degrees, lateral right was to 20 degrees, and lateral left was to 20 degrees. Range of motion for the knee: flexion of the right knee was to 120 degrees and flexion of the left knee was to 130 degrees. Examination of the lumbar spine revealed Kemp's was positive on the left. The injured worker reported localized low back pain during the test. Kemp's was positive on the right with a reported localized low back pain. Straight leg raise passive on both sides were positive. It was reported increased pain at 75 degrees bilaterally. Sacroiliac testing for Hibbs left was positive, Hibbs right was positive, Yeomans on the left was positive. Positive left knee orthopedic tests were bounce home, Lachmans, and valgus stress at 30 degrees. Orthopedic tests that were positive on the right were bounce home, Lachmans, and valgus stress at 30 degrees. Medications

were naproxen 550 mg and a blood pressure medication. Treatment plan was for weight bearing exercises, stretching, aerobic exercise, exercises for cases of anterior knee pain of ligament strain, and functional restoration program. The rationale was submitted. The Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS, (Transcutaneous Electrical Nerve Stimulation) Unit Trial Quantity: 1 Month: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

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

Decision rationale: The California Medical Treatment Utilization Schedule recommends a 1 month trial of a TENS unit as an adjunct to a program of evidence based functional restoration for chronic neuropathic pain. Prior to the trial, there must be documentation of at least 3 months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. They do not recommend neuromuscular electrical stimulation (NMES devices) as there is no evidence to support its use in chronic pain. They do not recommend interferential current stimulation (ICS) as an isolated intervention. The injured worker's medication is naproxen. It is unknown what other medications the injured worker has taken prior. It was not reported that the injured worker was to participate in any type of exercise program in adjunct to the use of a TENS unit. Therefore, the request is not medically necessary and appropriate.

Supplies: Electrodes, Batteries, Lead Wire: 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 TENS Page(s): 114-116.

Decision rationale: Due to the fact that the request for a TENS unit was not certified, this request is also not medically necessary and appropriate.

Knee Support Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 340.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

Decision rationale: The California ACOEM states a brace can be used for patellar instability, anterior cruciate ligament (ACL) tear or medial 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. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program. It was not reported that the injured worker was to participate in any type of a rehabilitation program or exercise program. Therefore, the request is not medically necessary and appropriate.

Myofascial ReleaseQuantity: 10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58-59.

Decision rationale: The California Medical Treatment Utilization Schedule states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. For the low back, therapy is recommended initially in a therapeutic trial of 6 sessions and with objective functional improvement. A total of up to 18 visits over a 6 to 8 week period may be appropriate. Treatment for flare ups requires a need for re-evaluation of prior treatment success. Treatment is not recommended for the ankle and foot, carpal tunnel syndrome, the forearm, wrist and hand, or knee. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Treatment 4 to 6 visits should be documented with objective improvement and function. The maximum duration is 8 weeks, and at 8 weeks patients should be re-evaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients, and home manipulation is helpful in improving function, decreasing pain, and improving quality of life. There were no outward signs or objective improvement from previous acupuncture treatments reported. It was reported that the injured worker is not participating in a home exercise program also. Therefore, the request is non-medically necessary and appropriate.

Work ConditioningQuantity: 10: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Work Conditioning, Work Hardening.

Decision rationale: The Official Disability Guidelines for work conditioning, work hardening are recommended as an option depending on the availability of quality programs, and should be specific for the job the individual is going to return to. Criteria for admission to a work hardening program should be recommended by a physician or nurse case manager, and a

prescription should be provided. There should be a screening documentation for approval of the program. This examination should include a history, date and description of injury, history of injury, diagnosis, work status before the injury, work status after the injury, history of treatment for the injury (including medications), history of previous injury, current employability, future employability, and time off. There should be diagnostic studies submitted. Documentation of musculoskeletal, cardiovascular, vocational, motivational, behavioral, and cognitive status by a physician, chiropractor, or physical and/or occupational therapist. There should be a diagnostic interview with a mental health provider. A determination of safety issues and accommodation at the place of work of injury. Job demands: there should be a work related musculoskeletal deficit that has been identified with the addition of evidence of physical, functional, behavioral, and/or vocational deficits that preclude ability to safely achieve current job demands. There should be a valid Functional Capacity Evaluation submitted. Previous physical therapy sessions. The patient should not be a candidate for surgery, injections, or other treatments that would clearly be warranted to improve function (including further diagnostic evaluation in anticipation of surgery). There should be physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for 3 to 5 days a week. There should be no evidence of other medical, behavioral, or other comorbid conditions (including those that are non work related) that prohibits participation in the program or contradicts successful return to work upon program completion. There should be a specific defined return to work goal or job plan. There should be documentation that the claimant's medication regimen will not prohibit from returning to work. The assessment and result in treatment should be documented and be available to the employer, insurer, and other providers. Based on the initial screenings, further evaluation by a mental health professional may be recommended. Supervision is recommended under a physician, chiropractor, occupational therapist, or physical therapist. Treatment is not supported for longer than 1 to 2 weeks without evidence of patient compliance and demonstrated sufficient gains documented by subjective and objective improvement in functional abilities. Patients who have been released to work with specific restrictions may participate in the program. There should be evidence of routine staff conferencing meetings. Vocational consultation should be available if this is indicated as a significant barrier. For postoperative injuries the worker must be no more than 2 years past date of injury. Program timelines are highly variable in intensity, frequency, and duration. Upon completion of a rehabilitation program, neither re-enrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury. Conservative care has not been fully met. It was not reported that the injured worker is not a candidate for surgery or injections. Therefore, the request is not medically necessary and appropriate.

EMS (Electrical muscle stimulation)Quantity: 10: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule recommends a 1 month trial of a TENS unit as an adjunct to a program of evidence based functional restoration

for chronic neuropathic pain. Prior to the trial, there must be documentation of at least 3 months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. They do not recommend neuromuscular electrical stimulation (NMES devices) as there is no evidence to support its use in chronic pain. They do not recommend interferential current stimulation (ICS) as an isolated intervention. The injured worker's medication is naproxen. It is unknown what other medications the injured worker has taken prior. It was reported that the injured worker was to participate in any type of exercise program in adjunct to the use of a TENS unit. Therefore, the request is not medically necessary and appropriate.

Chiropractic Manipulative Therapy Quantity: 10: 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 Manual Therapy Page(s): 58-59.

Decision rationale: The California Medical Treatment Utilization Schedule states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. For the low back, therapy is recommended initially in a therapeutic trial of 6 sessions and with objective functional improvement. A total of up to 18 visits over a 6 to 8 week period may be appropriate. Treatment for flare ups require a need for re-evaluation of prior treatment success. Treatment is not recommended for the ankle and foot, carpal tunnel syndrome, the forearm, wrist and hand, or knee. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Treatment 4 to 6 visits should be documented with objective improvement in function. The maximum duration is 8 weeks, and at 8 weeks patients should be re-evaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients, and home manipulation is helpful in improving function, decreasing pain, and improving quality of life. There were no outward signs or objective improvement from previous acupuncture treatments reported. It was reported that the injured worker is not participating in a home exercise program also. Therefore, the request is not medically necessary and appropriate.

Magnetic Resonance Imaging of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304; TANLES 12-1 , 12-8.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The California ACOEM states relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion (false positive test results) because of the possibility of identifying a finding that was present before symptoms began, and therefore has no temporal association with the symptoms. Imaging

studies should be reserved for cases in which surgery is considered or red flag diagnosis are being evaluated. Because the overall false positive rate is 30% for imaging studies in patients over the age of 30 who do not have symptoms, the risk of diagnostic confusion is great. Magnetic resonance (MR) neurography may be useful in isolating diagnosis that do not lend themselves to back surgery such as sciatica caused by piriformis syndrome in the hip. However, MR neurography is still new and needs to be validated by quality studies. The request is not medically necessary and appropriate.

Magnetic Resonance Imaging of the Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343; TABLES13-1, 13-6.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: The California ACOEM states 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 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 or patient is able to walk without a limp. The patient had a twisting injury, and there is no effusion. Clinical parameters for ordering knee radiographs following trauma are joint effusion within 24 hours of direct blow or fall, palpable tenderness over fibular head or patella, inability to walk (4 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 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 nonacute 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. The injured worker had surgery of the right knee in the past. This request does not designate if it is the right knee or the left knee. Therefore, the request is not medically necessary and appropriate.