

Case Number:	CM14-0088242		
Date Assigned:	07/23/2014	Date of Injury:	05/05/2009
Decision Date:	12/03/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/12/2014

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 Pain 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 female patient with a deep of injury of May 5, 2009. A utilization review determination deeded June 9, 2014 recommends noncertification of an MRI of bilateral knees with certification of the right knee MRI, an MRI of bilateral wrist with certification of the right wrist MRI, MRI of the right elbow, and Terocin Patch 10 patches #1. A progress note dated May 13, 2014 identifies pain complaints in the right knee and bilateral wrists since the date of injury. Since her last visit the patient has not improved, she has failed conservative therapy, which includes physical therapy, chiropractic therapy, corticosteroid injection to the right lateral epicondyle, Orthovisc injection to the right knee, and bracing. Physical examination of the right wrist identifies negative Tinel's, Phalen's, and Finkelstein's test. There is tenderness to palpation in the first webspace of the right hand, tenderness over the TFCC, and there is no pain with range of motion. The left wrist examination reveals positive Tinel's and Phalen's test. There is no tenderness to palpation on any ligament, tendon, or bone structure. Physical examination of bilateral knee reveals tenderness to palpation of the medial aspect of the knee, positive McMurray's test, and positive Lachman's test. Physical examination of the right elbow identifies tenderness to palpation of the lateral and medial epicondyle, tenderness over the olecranon, and there is no pain with range of motion. Documentation of diagnostic imaging within the progress note identifies an x-ray of the right knee obtained on April 26, 2013 that demonstrates mild DJD. X-rays of bilateral wrists and of right elbow taken on April 26, 2013 identifies mild DJD. An MRI of the right elbow April 16, 2013 on reveals common extensor tendon origin tendinosis/partial tear, and ulnohumeral degenerative spurring. An MRI of the left wrist right on April 16, 2013 demonstrates volar and dorsal radiocarpal synovial/ganglion cyst, negative ulnar variance with scattered carpal bones, first carpometacarpal and metacarpophalangeal joint degenerative changes. The diagnoses include right TFCC tear, bilateral knee chondromalacia of the patella,

right lateral epicondylitis, left wrist carpal tunnel syndrome, and common extensor tendon origin tendinosis/partial tear. The treatment plan recommends Tramadol ER 150 mg #30, topical Terocin pain patches, MRI of right and left knee, MRI of right elbow, and MRI of right and left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, MRIs section

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 16 Eye Chapter, Chapter 13 Knee Complaints Page(s): 13-1 and 13-3 and 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, MRI

Decision rationale: Regarding the request for MRI of bilateral knees, Occupational Medicine Practice Guidelines state 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. ODG Indications for imaging - MRI (magnetic resonance imaging): Acute trauma to the knee, including significant trauma (e.g, motor vehicle accident), or if suspect posterior knee dislocation or ligament or cartilage disruption; Nontraumatic knee pain, child or adolescent: nonpatellofemoral symptoms. Initial anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion) next study if clinically indicated. If additional study is needed; Nontraumatic knee pain, child or adult. Patellofemoral (anterior) symptoms. Initial anteroposterior, lateral, and axial radiographs nondiagnostic (demonstrate normal findings or a joint effusion). If additional imaging is necessary, and if internal derangement is suspected; Nontraumatic knee pain, adult. Nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion). If additional studies are indicated, and if internal derangement is suspected; Nontraumatic knee pain, adult - nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement (e.g., Peligrini Stieda disease, joint compartment widening). Within the medical information made available for review, there is documentation of subjective right knee pain complaint only. However, there is no documentation that radiographs are nondiagnostic, and there is no identification of any red flags. In the absence of such documentation, the currently requested MRI of bilateral knees is not medically necessary.

MRI of bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG), Forearm Wrist, & Hand chapter, MRIs (magnetic resonance imaging) section

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand and Carpal Tunnel Syndrome Chapters

Decision rationale: Regarding the request for MRI of bilateral wrists, California MTUS and ACOEM note that imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders. More specifically, ODG notes that MRIs for carpal tunnel syndrome are not recommended in the absence of ambiguous electrodiagnostic studies. In general, they are supported in chronic wrist pain if plain films are normal and there is suspicion of a soft tissue tumor or Kienbck's disease. Within the documentation available for review, there is no clear indication of a condition for which an MRI is supported as noted above or another clear rationale for the use of MRI in this patient. There is no documentation of changes in the patient's subjective and objective complaints since her last left wrist MRI, read on April 16, 2013. Also, X-rays of bilateral wrists obtained on April 26, 2014 revealed bilateral wrist DJD. In the absence of such documentation, the currently requested MRI of bilateral wrists is not medically necessary.

MRI of the right elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS: ACOEM Practice guidelines 2nd Edition, Elbow Complaints Chapter (Revised 2007) and table 4 Official Disability Guidelines (ODG): Elbow Chapter, MRIs section

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, MRIs

Decision rationale: Regarding the request for MRI of the right elbow, California MTUS supports imaging studies to clarify the diagnosis if the medical history and physical examination suggest specific disorders. Within the documentation available for review, it is unclear how the patient's subjective complaints and objective findings have changed since the last MRI of the right elbow read on April 16, 2014 and the right elbow X-ray performed on April 26, 2014. As such, the currently requested MRI of the right elbow is not medically necessary.

Terocin Patch box; 10 patches #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Terocin Patch box (10 patches #1), Terocin is a combination of methyl salicylate, menthol, lidocaine and capsaicin. Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Regarding the use of topical nonsteroidal anti-inflammatory, guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the 1st 2 weeks of treatment osteoarthritis, but either not afterwards, or with the diminishing effect over another two-week period. Regarding use of capsaicin, guidelines state that it is recommended only as an option for patients who did not respond to or are intolerant to other treatments. Regarding the use of topical lidocaine, guidelines the state that it is recommended for localized peripheral pain after there is evidence of a trial of first-line therapy. Within the documentation available for review, there is no indication that the patient is unable to tolerate oral NSAIDs. Oral NSAIDs have significantly more guideline support compared with topical NSAIDs. Additionally, there is no indication that the topical NSAID is going to be used for short duration. Additionally, there is no documentation of localized peripheral pain with evidence of failure of first-line therapy as recommended by guidelines prior to the initiation of topical lidocaine. Finally, there is no indication that the patient has been intolerant to or did not respond to other treatments prior to the initiation of capsaicin therapy. In the absence of clarity regarding those issues, the currently requested Terocin Patch box (10 patches #1) is not medically necessary.