

Case Number:	CM14-0150758		
Date Assigned:	10/07/2014	Date of Injury:	06/18/2014
Decision Date:	10/02/2015	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/16/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 52-year-old male, who sustained an industrial injury on 6/18/2014. Diagnoses include right knee internal derangement, left knee medial meniscal tear, degenerative joint disease, patellar pain and left lower extremity pain. Treatment to date has included diagnostics and medications. Per the handwritten Primary Treating Physician's Progress Report dated 8/21/2014, the injured worker reported an industrial injury when a trailer backed up, he ran and his left knee twisted. Physical examination revealed toe and heel walk pain. The plan of care included, and authorization was requested, for a knee brace, hot/cold therapy unit, acupuncture (1x6), functional capacity evaluation, vSNCT, EMG (electromyography)/NCV (nerve conduction studies) and physiotherapy (2x6).

IMR ISSUES, DECISIONS AND RATIONALES

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

Knee Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: 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." The patient is not diagnosed with patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability. The patient is not currently working and will not be stressing the knee by climbing or carrying a load. As such, the request for Knee Brace is not medically necessary.

Hot/Cold Therapy Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS does not specifically address cold therapy packs, therefore the Official Disability Guidelines (ODG) were referenced. ODG states that post-operative use of continuous-flow cryotherapy units generally may be up to 7 days, including home use. There is no evidence that this patient is planning a surgical intervention. There is also no time frame for use identified in the request. As such, the request for Hot/Cold Therapy Unit is not medically necessary and appropriate.

Acupuncture Treatment: 1x6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Acupuncture.

Decision rationale: MTUS 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." ODG states regarding knee acupuncture, "Recommended as an option for osteoarthritis, but benefits are limited." ODG further details the quantity: Initial trial of 3-4 visits over 2 weeks. With evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.) The requested number of sessions is in excess of the guideline recommendations of visit trial. The As such, the request for Acupuncture Treatment: 1x6 is not medically necessary.

Functional Capacity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional capacity evaluation (FCE).

Decision rationale: ACOEM guidelines state "Consider using a functional capacity evaluation when necessary to translate medical impairment into functional limitations and determine work capability." Additionally, "It may be necessary to obtain a more precise delineation of patient capabilities than is available from routine physical examination. Under some circumstances, this can best be done by ordering a functional capacity evaluation of the patient." ODG further specifies guidelines for functional capacity evaluations "Recommended prior to admission to a Work Hardening (WH) Program", "An FCE is time-consuming and cannot be recommended as a routine evaluation. Consider an FCE if 1. Case management is hampered by complex issues such as: Prior unsuccessful RTW attempts. Conflicting medical reporting on precautions and/or fitness for modified job. Injuries that require detailed exploration of a worker's abilities. 2. Timing is appropriate: Close or at MMI/all key medical reports secured. Additional/secondary conditions clarified. The medical documents provided do not indicate that any of the above criteria were met. As such, the request for Functional Capacity Evaluation is not medically necessary.

V-Snct (Voltage-Actuated Sensory Nerve Conduction Threshold): Unspecified Amount: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: ACOEM States appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. ODG further clarifies NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. CMS also specifically writes regarding sensory or voltage type nerve conduction testing, "Based on the evidence as a whole, CMS concludes that the use of any type of s-NCT device (e.g., current output type device used to perform CPT, PPT, or PTT testing or voltage input type device used for v-NCT testing) to diagnose sensory neuropathies or radiculopathies." This special type of NCS is not recommended by Center for Medicare/Medicaid Services. The treating physician has not provided documentation of objective findings or subjective complaints to warrant this request. As such the request for V-Snct (Voltage-Actuated Sensory Nerve Conduction Threshold): Unspecified Amount is not medically necessary.

EMG/ NCV: Unspecified Area: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic testing (EMG/NCS).

Decision rationale: ACOEM states "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." ODG states in the Low Back Chapter and Neck Chapter, "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. Electrodiagnostic studies should be performed by appropriately trained Physical Medicine and Rehabilitation or Neurology physicians. See also Monofilament testing." The treating physician has not provided documentation of objective findings or subjective complaints to warrant the requested testing.

Additionally, the treating physician has not documented the area to be tested. As such the request for EMG/ NCV: Unspecified Area is not medically necessary.

Physio Therapy: 2x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Knee & Leg (Acute & Chronic), Physical Therapy, ODG Preface Physical Therapy.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. Regarding physical therapy, ODG states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." It is unclear if this patient has had previous therapy sessions or the number of sessions attended. The treating physician has not provided documentation of objective functional improvement with previous physical therapy as required by guidelines. If the patient has not attended previous therapy, the request is in excess of the guideline recommendations for a 6 visit clinical trial. As such, the request for Physio Therapy: 2x6 is not medically necessary.