

Case Number:	CM14-0188588		
Date Assigned:	11/19/2014	Date of Injury:	06/30/2014
Decision Date:	01/09/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/12/2014

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 Occupational 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 49-year-old female with a 6/30/14 date of injury. The injury occurred when she was trapped in an elevator and fell back as she was being lifted up, sustaining injury to her knees and right wrist. According to a progress report dated 10/22/14, the patient complained of increased pain in her left "leg" knee and "foot". She claimed that her leg swelling has increased since she has not been provided with additional physical therapy. An MRI of bilateral knees was scheduled for 10/26/14. According to a physical therapy report dated 9/9/14, the patient has completed 15 sessions and reported feeling better. Objective findings: moderate to severe tenderness of medial joint margin of left and right knee, grinding/crepitation present with extension and flexion of left knee, limited range of motion of left knee with flexion. Diagnostic impression: bilateral knee contusion, right wrist strain. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 11/7/14 modified the request for 12 sessions of aquatic therapy to 6 sessions and denied the requests for Fexmid, home interferential unit, ultrasound of right shoulder, and ultrasound of bilateral knees. Regarding Fexmid, the patient was not documented to have painful spasm amenable to treatment with antispasmodics. Regarding aquatic therapy, six visits are certified as the patient has chronic pain and difficulty being able to ambulate. Regarding home interferential unit, there is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise, and medications, and limited evidence of improvement on those recommended treatments alone. Regarding ultrasound of right shoulder, there is a lack of clear explanation regarding the request for this test. The patient is well known to have arthritic changes with tendonitis and is not suspected to have a rotator cuff tear. Regarding ultrasound of the knees, the patient is well known to have knee arthritis with patella chondromalacia. It is not documented why the patient would require ultrasound compared to radiographs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid (Cyclobenzaprine) 7.5 mg one by mouth twice a day, # 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 41-42.

Decision rationale: According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. However, in the present case, it is unclear how long this patient has been taking Fexmid. Guidelines do not support the long-term use of muscle relaxants. In addition, there is no documentation that the patient has had an acute exacerbation to his pain. Furthermore, there is no documentation of spasm in the recent reports provided for review. Therefore, the request for Fexmid (Cyclobenzaprine) 7.5 mg one by mouth twice a day, # 30 was not medically necessary.

Aquatic therapy three times a week for four weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aqua Therapy Page(s): 22.

Decision rationale: CA MTUS states that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy when reduced weight bearing is indicated, such as with extreme obesity. However, in the present case, there is no documentation that the patient is obese or requires reduced weight-bearing activities. There is no documentation of specific musculoskeletal impairments that would prevent performance of a land-based program. In addition, it is noted that this patient has completed 15 sessions of physical therapy. There is no documentation as to why this patient has been unable to transition to an independent home exercise program at this time to address her remaining deficits. Therefore, the request for Aquatic therapy three times a week for four weeks was not medically necessary.

Home inferential unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Inferential Unit (IF).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Therapy Page(s): 118-120.

Decision rationale: CA MTUS states that a one-month trial may be appropriate when pain is ineffectively controlled due to diminished effectiveness of medications; or pain is ineffectively controlled with medications due to side effects; or history of substance abuse; or significant pain from postoperative conditions limits the ability to perform; exercise programs/physical therapy treatment; or unresponsive to conservative measures. However, in the present case, there is no documentation of a history of substance abuse, medication intolerance, medication inefficacy, or medication side effects that would establish the medical necessity of this request. In addition, it is noted that the patient's condition has improved with physical therapy. Therefore, the request for Home interferential unit was not medically necessary.

Ultrasound of the bilateral Knees: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Diagnostic Ultrasound

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter - Ultrasound

Decision rationale: MTUS does not specifically address the topic of diagnostic ultrasound for knee injuries. ODG states that soft-tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MRI. In addition to MRI, sonography has been shown to be diagnostic for acute anterior cruciate ligament (ACL) injuries in the presence of a hemarthrosis or for follow-up. The ACOEM Guidelines note that ultrasound can be employed to evaluate those individuals with patellar tendinopathy, pes anserine bursitis, hamstring strains, quadriceps strains, or post arthroplasty chronic pain. ACOEM rates ultrasound as "no recommendation, insufficient evidence" for the majority of other topics, including knee sprains, ACL tears, meniscal tears, patellofemoral joint pain, etc. In this case, there is no discussion by the provider of a clear diagnosis or differential diagnosis. There is no documentation that this patient requires evaluation for patellar tendinopathy, pes anserine bursitis, hamstring strains, quadriceps strains, or post arthroplasty chronic pain. In addition, it is noted that the patient has a knee MRI scheduled for 10/26/14. It is unclear why this patient would require an ultrasound at this time. Therefore, the request for Ultrasound of the bilateral knees was not medically necessary.

Ultrasound of the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Diagnostic Ultrasound

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.23.2 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter - Ultrasound American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) page(s) 557-559, 561-563

Decision rationale: CA MTUS states that for most patients with shoulder problems, special studies are not needed unless a four- to six-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided red-flag conditions are ruled out. However, ultrasonography for evaluation of rotator cuff is not recommended per CA MTUS. ODG states ultrasound of the shoulder in clinical examination by specialists can rule out the presence of a rotator cuff tear, and that either MRI or ultrasound could equally be used for detection of full-thickness rotator cuff tears, although ultrasound may be better at picking up partial tears. However, in the medical records provided for review, there is no documentation that the patient has shoulder complaints. It is unclear why this patient requires evaluation of the right shoulder at this time. Therefore, the request for Ultrasound of the right shoulder was not medically necessary.