

Case Number:	CM14-0204069		
Date Assigned:	12/16/2014	Date of Injury:	09/26/2014
Decision Date:	02/04/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/05/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 36 year old woman with a work related injury on 9/26/2014. Diagnoses include effusion and strain/sprain of right knee. She has undergone 5 sessions of physical therapy and has seven remaining sessions to increase range of motion. Per the 10/7/2014 orthopedic note, she presented with pain in the right knee and was using crutches and a stiff leg brace with non-weightbearing in the right knee. There was noted difficulty in evaluating the knee joint because of guarding due to pain. Range of motion measured by goniometry was flexion as 4 degrees and extension as 0 degrees. Per the note, based on examination findings and review of the magnetic resonance imaging (MRI) dated 10/6/2014, there does not appear to be any ligamentous instability or any tearing of the anterior cruciate ligament or medial collateral ligament as visualized. There is also no obvious tear of the medial and lateral meniscus. The note further stated that there does appear to be a stable knee joint. A hinged knee joint brace and physical therapy were recommended. Medications ordered were Norco, Anaprox and Colace. The Utilization Review dated 11/17/2014 certified Norco, Anaprox and Colace. The UR non-certified Sonata, right knee PLICA band injection (medial aspect of right knee) and ortho interferential stimulator unit. Regarding the Sonata, the UR non-certified this treatment for insomnia since failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness, and that this information has not been clearly documented for this acute injury. Regarding the right knee PLICA band injection (medial aspect of right knee), per the UR, there is no documentation of failed conservative treatments at this point. Since the injured worker has completed five sessions of physical therapy (PT) and has seven additional sessions remaining, response to conservative measures should be assessed prior to consideration of interventional procedures with injections. Regarding the ortho interferential stimulator unit, per the UR, interferential stimulation is supported only 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, or unresponsive to conservative measures. Per the UR, none of these have been clearly documented. Official Disability Guidelines and MTUS guidelines were utilized in the decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sonata 10mg quantity 30: 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), Pain Chapter, Insomnia treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists (<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>).

Decision rationale: According to ODG guidelines, <Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes Zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopicolone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which means they have potential for abuse and dependency>. Sonata is not recommended for long-term use to treat sleep problems. Furthermore, there is no documentation of the use of non-pharmacologic treatment for the patient's sleep issue. There is no documentation and characterization of any recent sleep issues with the patient. Therefore, the prescription of Sonata 10mg quantity 30 is not medically necessary.

Right knee PLICA band injection, medial aspect of right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: According to MTUS guidelines, Knee injection could be recommended in case of acute effusion or infection. In this case, there is no documentation of acute effusion. Furthermore, there is no documentation of failure of physical therapy and conservative therapies. Therefore, the request is not medically necessary.

Ortho interferential stimulator unit: 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), Pain Chapter, Interferential current stimulation (ICS)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulation Page(s): 97.

Decision rationale: According to MUTUS guidelines, Interferential unit is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. Furthermore, there is no justification for Interferential unit if there is no documentation of the efficacy of one month trial. Therefore, Interspec IF II is not medically necessary.