

Case Number:	CM14-0207953		
Date Assigned:	12/19/2014	Date of Injury:	04/09/2002
Decision Date:	02/28/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58 year old female injured worker suffered an industrial injury on 4/9/2002 during a slip and fall while at work. She injured both knees and right elbow. The treatments included surgeries, medications, injections and therapy. The current diagnoses included internal derangement of bilateral knees and right medial epicondylitis. On 12/8/2010, she had a right total knee replacement. The progress note of 5/28/2014 indicated the injured worker continued with significant pain and decreased range of motion. The progress note of 10/1/2014 indicated continued decrease in range of motion with worsening pain with decreased gait requesting a nerve block to bilateral knees for pain control as all other conservative measures have failed. On 10/23/2014 the provider requested an additional aluminum cane, blood testing (CBC, CMP) urinalysis, conductive garment, a larger TENS unit, and Jobst stockings. The UR decision on 11/13/2014 non-certified: 1. The cane was denied as the injured worker already had a cane and walker and there was insufficient documentation to support additional cane. 2. The urinalysis was denied as it is used to screen for diabetes or kidney diseases with insufficient documentation to support this test. It was approved on 8/12/2014. 3. The CBC and CMP were denied as it was recommended to monitor for side effects of anti-inflammatory medications and was already ordered on 8/12/2014. No documentation was provided to substantiate another test being done. 4. The conductive garment was denied as the medical necessity was not established by the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cane (aluminum, adjustable): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation (www.odgtreatment.com)Work Loss Data Institute (www.worklossdata.com)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee & Leg Chapter, walking aids (canes, crutches, braces, orthoses, and walkers)

Decision rationale: The patient presents with bilateral knee pain (unrated), left worse than right, exacerbated by prolonged sitting and standing. Patient also complains of elbow pain (unrated). Patient is status post total right knee replacement in December 2010 and right knee arthroscopy in 2003 and 2004. The request is for CANE (ALUMINUM ADJUSTABLE). Physical examination 11/19/14 revealed tenderness to palpation to bilateral knees and right elbow (areas unspecified), restricted range of motion in all planes and pain elicitation upon movement. The patient is currently prescribed Opana ER and Oxycodone. Patient is currently working full time. Diagnostic imaging included 2 view radiography of the right knee dated 03/04/11.ODG guidelines, knee chapter states the following about walking aids (canes, crutches, braces, orthoses, and walkers), "Recommended, as indicated below. Almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Nonuse is associated with less need, negative outcome, and negative evaluation of the walking aid." In regards to the request for an adjustable aluminum cane to assist in the patient's ambulation and ADL's, the request appears to be reasonable. This patient presents with severe bilateral knee pain, and progress note 11/20/14 notes that the patient ambulates into the exam room with a two wheeled walker. The provision of an adjustable aluminum cane would enable this patient to exercise and further minimize non-use associated morbidity. Therefore, the request IS medically necessary.

Urinalysis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Center for Biotechnology Information

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine drug testing

Decision rationale: The patient presents with bilateral knee pain (unrated), left worse than right, exacerbated by prolonged sitting and standing. Patient also complains of elbow pain (unrated). Patient is status post total right knee replacement in December 2010 and right knee arthroscopy in 2003 and 2004. The request is for URINALYSIS. Physical examination 11/19/14 revealed tenderness to palpation to bilateral knees and right elbow (areas unspecified), restricted range of

motion in all planes and pain elicitation upon movement. The patient is currently prescribed Opana ER and Oxycodone. Patient is currently working full time. Diagnostic imaging included 2 view radiography of the right knee dated 03/04/11. While MTUS Guidelines do not specifically address how frequent UDS should be considered for various risks of opiate users, ODG Guidelines provide clear recommendation. It recommends once yearly urine drug screen following initial screening, with the first 6 months for management of chronic opiate use in low-risk patients. In this case, the treater is requesting a UDS to ensure that this patient is compliant with her narcotic medications. Records provided indicate that this patient had a UDS conducted on 04/30/14, though the report was not included. However, there is no discussion of aberrant findings, and there is no indication in the progress notes that this patient is considered "high risk". A second drug screen was apparently already conducted 11/19/14, as consistent results are discussed in progress note dated 11/20/14. What is apparently a request for the third UDS in 2014 exceeds ODG recommendations which dictate that a yearly screening will suffice for low risk patients. This request IS NOT medically necessary.

Complete Blood Count (CBC), Comprehensive Metabolic Panel (CMP): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment: Labs Page(s): 23, 64.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 328.

Decision rationale: The patient presents with bilateral knee pain (unrated), left worse than right, exacerbated by prolonged sitting and standing. Patient also complains of elbow pain (unrated). Patient is status post total right knee replacement in December 2010 and right knee arthroscopy in 2003 and 2004. The request is for CBC. Physical examination 11/19/14 revealed tenderness to palpation to bilateral knees and right elbow (areas unspecified), restricted range of motion in all planes and pain elicitation upon movement. The patient is currently prescribed Opana ER and Oxycodone. Patient is currently working full time. Diagnostic imaging included 2 view radiography of the right knee dated 03/04/11. MTUS/ACOEM guidelines chapter 13 Master algorithm on page 328 does allow for lab studies for red flags such as inflammation. In regards to the request for a complete blood count (CBC) lab, the treater has not provided a reason for the request. Per records provided, the patient has had a right knee replacement surgery and has been complaining of worsening symptoms since the surgery. The request appears to be in accordance with MTUS/ACOEM guidelines. The request IS medically necessary.

Conductive Garment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-121.

Decision rationale: The patient presents with bilateral knee pain -unrated-, left worse than right, exacerbated by prolonged sitting and standing. Patient also complains of elbow pain -unrated-. Patient is status post total right knee replacement in December 2010 and right knee arthroscopy in 2003 and 2004. The request is for CONDUCTIVE GARMENT. Physical examination 11/19/14 revealed tenderness to palpation to bilateral knees and right elbow -areas unspecified-, restricted range of motion in all planes and pain elicitation upon movement. The patient is currently prescribed Opana ER and Oxycodone. Patient is currently working full time. Diagnostic imaging included 2 view radiography of the right knee dated 03/04/11. MTUS Chronic Pain Medical Management Guidelines, page 114-121 states: "Form-fitting TENS device: This is only considered medically necessary when there is documentation that there is such a large area that requires stimulation that a conventional system cannot accommodate the treatment, that the patient has medical conditions -such as skin pathology- that prevents the use of the traditional system, or the TENS unit is to be used under a cast -as in treatment for disuse atrophy-." In regards to the request for a conductive garment for the patient's personal TENS unit, the treater has not provided a reason for the request. MTUS does recommend so called "form-fitting" garments, which allow use of a TENS unit in cases where a patient cannot tolerate traditional electrodes. However, there is no indication from the records provided that the patient is unable to tolerate traditional electrodes, nor that the patient has a skin disorder which prevents use of the traditional system. Therefore, this request IS NOT medically necessary.