

Case Number:	CM15-0004462		
Date Assigned:	01/16/2015	Date of Injury:	09/18/2014
Decision Date:	03/13/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/08/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 56 year old male was injured 9/18/14 when he stepped out of a truck and his knee bent backwards experiencing throbbing, sharp, stabbing pain. Past significant medical history includes a slip and fall in 2012 resulting in injury to his left hip and left knee and made a full recovery. Currently the injured worker complains of constant left knee pain that radiates to the left hip and groin with pain intensity of 7-8/10; constant left hip pain (5-6/10); left groin pain and sleep disturbances. The injured worker's activities of daily living are somewhat compromised in that he cannot travel due to pain, has difficulty with stairs and uses assistive device (cane) to ambulate. Medication is tramadol. Diagnostic studies were radiograph of the left knee which was unremarkable. Treatments included medications; chiropractic sessions and physical therapy and after six sessions had slight improvement with range of motion of the left knee; transcutaneous electrical nerve stimulator (his sister's unit). Diagnosis was unspecified internal derangement knee, left; left hip sprain/strain/ enthesopathy; gait abnormality and sleep disturbances from knee pain. The treating provider requested portable home transcutaneous electrical nerve stimulator unit; 4 sessions of acupuncture to the left knee; 8 sessions of chiropractic treatments to the left knee; radiograph of the left knee and MRI of the left knee. On 12/9/14 Utilization Review non-certified the request for transcutaneous electrical nerve stimulator unit based on ODG guideline recommendation for osteoarthritis diagnosis which was not documented for this injured worker. In addition there was no documentation as to relief of pain and function. The request for 4 sessions of acupuncture and 8 sessions of chiropractic treatments were non-certified based on the MTUS Guidelines Chronic Pain Medical Treatment Guidelines were unsupported and

acupuncture which was to be used in conjunction with physical rehabilitation program lacks medical necessity and is therefore not supported by the Acupuncture Guidelines. The request for radiograph of the left knee and MRI of the left knee were non-certified based on no documentation as to whether or not the injured worker was continuing a home exercise program, failure of conservative therapies and whether he completed a full course of physical therapy or other active therapies. MTUS/ACOEM were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Portable home Transcutaneous Electrical Nerve Stimulation (Multistim) Unit for Left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines 11th edition

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 118.

Decision rationale: The California chronic pain medical treatment guidelines section on transcutaneous electrical nerve stimulation states:TENS, chronic pain (transcutaneous electrical nerve stimulation)Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness.(Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting.Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured.There is no documentation that the patient is using the TENS unit in conjunction with a program of evidence-based functional restoration. There is also no documentation with quantitative results of a one-month trial period. Since the use of the TENS unit has not been established as justified per the California MTUS criteria, the request is not certified.

4 Sessions of Acupuncture for the left knee and leg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines acupuncture Page(s): 18.

Decision rationale: The California chronic pain medical treatment guidelines section on acupuncture states: 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. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Time to produce functional improvement is 3-6 treatments and frequency is 1-3 times per week. The requested amount of session is not in excess of the recommendation per the California MTUS. However there is not evidence of intolerance or reduction in pain medication or being used as an adjunct to physical rehabilitation or surgical intervention. Therefore the request is not certified.

8 Sessions of Chiropractic Treatment for the left knee and leg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual manipulation Page(s): 58-59.

Decision rationale: The California chronic pain medical guidelines section on manual manipulation states: Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back: Recommended as an option. Therapeutic care: Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care: Not medically necessary. Recurrences/flare-ups: Need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended. Treatment Parameters from state guidelines. Time to produce effect: 4 to 6 treatments. Manual manipulation is recommended form of treatment for chronic pain. However the requested amount of therapy sessions is in excess of the recommendations per the California MTUS. The California MTUS states there should be not more than 6 visits over 2 weeks and documented evidence of functional improvement before continuation of therapy. The request is for 8 sessions. This does not meet criteria guidelines and thus is not certified.

X-ray of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 373-374.

Decision rationale: The ACOEM chapter on knee complaints: For most cases presenting with true foot and ankle disorders, special studies are usually not needed until after a period of conservative care and observation. Most ankle and foot problems improve quickly once any red-flag issues are ruled out. Routine testing, i.e., laboratory tests, plain-film radiographs of the foot or ankle, and special imaging studies are not recommended during the first month of activity limitation, except when a red flag noted on history or examination raises suspicion of a dangerous foot or ankle condition or of referred pain. In particular, patients who have suffered ankle injuries caused by a mechanism that could result in fracture can have radiographs if the Ottawa Criteria are met. The criteria for radiograph of the knee have not been met as outlined above. Therefore the request is not certified.

MRI of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 343-347.

Decision rationale: The ACOEM chapter on knee complaints, states that MRI is indicated to determine the extent of ACL tear preoperatively. 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. Even so, remember that while experienced examiners usually can diagnose an ACL tear in the non-acute stage based on history and physical examination, these injuries are commonly missed or over diagnosed by inexperienced examiners, making MRIs valuable in such cases. The provided documentation and physical findings do not warrant MRI per the ACOEM guidelines. Therefore the request is not certified.