

Case Number:	CM15-0180937		
Date Assigned:	09/22/2015	Date of Injury:	12/30/2012
Decision Date:	11/13/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/14/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 50 year old female, who sustained an industrial-work injury on 12-30-12. A review of the medical records indicates that the injured worker is undergoing treatment for internal derangement of right knee status post arthroscopy, internal derangement left knee, discogenic lumbar condition with facet inflammation, chronic pain syndrome, sleep disorder, stress, anxiety and depression. Medical records dated (4-2-15 to 8-19-15) indicate that the injured worker complains of low back pain with muscle spasms, stiffness, and severe bilateral knee pain. The injured worker complains of shooting pain down the leg with numbness and tingling. She also has weakness and difficulty standing for prolonged periods of time. The medical records also indicate worsening of the activities of daily living. Per the treating physician report dated 8-19-15 the injured worker has returned to work. The physical exam dated 8-19-15 reveals that lumbar flexion is 40 degrees and extension is 15 degrees. There is tenderness along the lumbar spine noted. The right knee has 180 degrees of extension and 105 degrees of flexion on the right. There is tenderness along the joint line with positive patellar tilt test, 1+ anterior drawer test and positive McMurray test. The physician indicates that there was a right knee Magnetic Resonance Imaging (MRI) done in 2015 that indicates "extrusion along the medial meniscus and articular surface tear of the medial meniscus with degenerative changes along that joint line medially." The physician also indicates that X-ray of the left knee that was done in the past indicates "a 2 millimeter articular surface left." Treatment to date has included pain medication which included Naproxen, Effexor and Norflex, diagnostics, 3 cortisone injections right knee with last in April 2015 with 3 days relief of pain, 2 lead Transcutaneous

electrical nerve stimulation (TENS) unit, right knee hinged brace, off of work and other modalities. The request for authorization date was 8-19-15 and requested services included Defiance brace molded plastic, lower knee addition and upper knee addition for right knee, Four lead TENS unit and conductive garment, Hinged knee orthosis for left knee, Magnetic Resonance Imaging (MRI) without contrast of the left knee, Electromyography (EMG) and nerve conduction velocity (NCV) of bilateral lower extremities, Urine drug testing (UDT) and Consultation psychiatry referral. The original Utilization review dated 8-25-15 non-certified the request for Defiance brace molded plastic, lower knee addition and upper knee addition for right knee as there is documented significant arthrosis in the medial joint line and these braces are designed for mild osteoarthritis only. The request for four lead transcutaneous electrical nerve stimulation (TENS) unit and conductive garment was non-certified as the guidelines recommend transcutaneous electrical nerve stimulation (TENS) for chronic pain but not recommended as primary modality and the injured worker is using as a primary modality. The request for hinged knee orthosis for left knee was non-certified as per the guidelines there is no knee instability documented on physical exam. The request for Magnetic Resonance Imaging (MRI) without contrast of the left knee was non-certified as there is no documentation of instability or mechanical symptoms per the guidelines. The request for Electromyography (EMG) and nerve conduction velocity (NCV) of bilateral lower extremities was non certified as per the guidelines there is no documentation of any change in medical condition to support the testing. The request for Urine drug testing (UDT) as per the guidelines there is no prior test results and it is unclear as to what risk level the injured worker has been assessed , which, per the guidelines would determine the frequency of testing. The request for Consultation psychiatry referral was non-certified as the length of the injured workers symptoms has not been documented and per the guidelines mental health issues that persist longer than 3 months may require psychiatric expertise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Defiance brace molded plastic, lower knee addition and upper knee addition for right 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 (ODG), Knee & Leg, Unloader braces for the knee.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Activity Alteration.

Decision rationale: The MTUS states that a knee 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. There was no documentation of this patient having significant osteoarthritis symptoms. Defiance brace molded plastic, lower knee addition and upper knee

addition for right knee is not medically necessary.

Four lead TENS unit and conductive garment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Durable medical equipment, Pain Chapter, TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The MTUS does not recommend a TENS unit 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. There is no documentation that a trial period with a rented TENS unit has been completed. Four lead TENS unit and conductive garment is not medically necessary.

Hinged knee orthosis 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 (ODG), Knee & Leg Chapter, Brace.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Activity Alteration.

Decision rationale: The MTUS states that a knee 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. The documents provided for review did not show any evidence of knee instability. Hinged knee orthosis for left knee is not medically necessary.

MRI without contrast of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, MRIs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), MRI's (magnetic resonance imaging).

Decision rationale: The Official Disability Guidelines state that an MRI of the knee is indicated if internal derangement is suspected. The patient's physical exam shows only some tenderness.

No red-flag indications are present in the medical record. Detailed evidence of severe and/or progressive deficits has not been documented. MRI without contrast of the left knee is not medically necessary.

Electromyograph (EMG) and nerve conduction velocity (NCV) of bilateral lower extremities: 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, Electrodiagnostic testing (EMG/NCS), Nerve conduction studies; American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM), Minimum Standards for Electrodiagnostic studies.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The ACOEM Guidelines state that electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with symptoms lasting more than three or four weeks. The patient has had previous diagnostic studies including x-ray and MRI, which were not positive for any nerve compromise. There is no presumptive diagnosis of peripheral nerve compression and there is no clear documentation of how this test result will change the treatment plan. Detailed evidence of severe and/or progressive neurological abnormalities has not been documented. Electromyograph (EMG) and nerve conduction velocity (NCV) of bilateral lower extremities is not medically necessary.

Urine drug testing (UDT): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

Decision rationale: The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. There is no documentation in the medical record that a urine drug screen was to be used for any of the above indications. Urine drug testing is not medically necessary.

Consultation psychiatry referral: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment.

Decision rationale: According to the American College of Occupational and Environmental Medicine Occupational Medicine Practice Guidelines, 2nd Edition, specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities. ACOEM Guidelines referral criteria stipulate that a referral request should specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, workability, clinical management, and treatment options. The medical record lacks sufficient documentation and does not support a referral request. Consultation psychiatry referral is not medically necessary.