MAXIMUS Federal Services

Case Number:	CM15-0181464		
Date Assigned:	09/22/2015	Date of Injury:	06/11/2015
Decision Date:	11/18/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/15/2015

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, Arizona
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:

This 39 year old woman sustained an industrial injury on 6-11-2015 after boxes fell on the back of the right knee. Her hands and wrists were also injured due to cumulative trauma. Diagnoses include carpal tunnel syndrome, sprain-strain of unknown site of knee and leg, and anxiety. Treatment has included oral medications. Physician notes on a first report of occupational illness or injury form dated 7-16-2015 describe complaints of left leg pain rated 8 out of 10. The physical examination shows volar and radial aspects of wrists tender to palpation, positive Finkelstein's, positive Tinel's, positive Phalen's, decreased range of motion and grip strength to the bilateral wrists with readings flexion 60 degrees, extension 50 degrees, radial deviation 15 degrees, ulnar deviation 20 degrees, tenderness to palpation of the left knee patella and popliteal fossa, range of motion shows flexion 130 degrees, extension 10 degrees, and hyperextension 15 degrees. Recommendations include topical compound analgesics, Gabapentin, naproxen, knee support, interferential unit, electromyogram and nerve conduction studies, bilateral wrist MRI, work and activity restrictions, physical therapy, urine drug screen, and follow up in two weeks. Utilization Review denied a request for an interferential unit citing there is no quality evidence of effectiveness in isolation, there is no documentation indicating lack of responsiveness to other conservative measures, and there is no specification if the item is to be purchased or rented.

IMR ISSUES, DECISIONS AND RATIONALES

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

If unit with supplies: 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): Transcutaneous electrotherapy.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines address interferential current stimulation (ICS). ICS is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments including physical methods such as therapeutic exercise. There is no mention of ICS being prescribed along with therapeutic activity as part of a functional restoration program. The request is not medically necessary.

MRI left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg (Acute and Chronic), MRI's.

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

Decision rationale: The California MTUS/ACOEM Guidelines state special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. Most knee problems improve quickly once any red flag issues are ruled out. Within the submitted records, aside from patellar and popliteal fossa tenderness the injured worker has an essentially normal knee examination. There are no red flags. No mention of meniscus pathology, and there is no clear indication as to how MRI would guide future management given the exam findings. This request is not medically necessary.

MRI right wrist: 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), Forearm, Wrist and Hand (Acute and Chronic), MRI's.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

Decision rationale: The California MTUS ACOEM, page 269 states that imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders. The Official Disability Guidelines state that indications for an MRI of the wrist are acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal,

next procedure if immediate confirmation or exclusion of fracture is required, suspect acute scaphoid fracture, suspect gamekeeper injury, chronic wrist pain, suspect Kienbock's disease, or suspect soft tissue tumor and chronic wrist pain. Within the submitted records, there is no red flag on physical exam nor is there suspicion for fracture. There is obvious carpal tunnel and tendonitis due to overuse but no clear indication for MRI based on the above criteria. The request is not medically necessary.

Left knee brace (rental/purchase not specified): Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg (Acute and Chronic), Knee brace.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Knee Brace.

Decision rationale: Per California ACOEM, Knee braces can be considered for knee instability. The ODG guidelines support the use of knee braces if a patient has knee instability, or ligament insufficiency/deficiency. The California MTUS guidelines state that a knee brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability although 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. Within the submitted records, there is no instability or ligament insufficiency noted on examination. There is no clear need for a knee brace, and as such, this request is not medically necessary.

MRI of left wrist: 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), Forearm, wrist and hand (Acute and chronic), MRI's.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

Decision rationale: The California MTUS ACOEM, page 269 states that imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders. The Official Disability Guidelines state that indications for an MRI of the wrist are acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required, suspect acute scaphoid fracture, suspect gamekeeper injury, chronic wrist pain, suspect Kienbock's disease, or suspect soft tissue tumor and chronic wrist pain. Within the submitted records, there is no red flag on physical exam nor is there suspicion for fracture. There is obvious carpal tunnel and tendonitis due to overuse but no clear indication for MRI based on the above criteria. The request is not medically necessary.