MAXIMUS Federal Services

Case Number:	CM15-0190716		
Date Assigned:	10/02/2015	Date of Injury:	12/01/2012
Decision Date:	12/08/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/28/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 23 year old female, who sustained an industrial injury on 12-01-2012. A review of the medical records indicates that the injured worker is undergoing treatment for recurrent patella subluxation of the right knee. On 9-1-2015, the injured worker reported pain and instability in the right knee. The Primary Treating Physician's report dated 9-1-2015, noted the examination of the right knee showed tenderness along the patella facet and subpatella crepitation with range of motion (ROM) and pain with deep flexion. The range of motion (ROM) was noted to be full with pain with patella compression. Previous treatments were noted to have included physical therapy, bracing, and medications including Naprosyn, Voltaren, medical marijuana, and Ultram. The Physician noted the treatment plan included request for authorization for evaluation and treatment under the care of a psychologist and a neurologist as well as acupuncture treatment, aquatic and physical therapy, and a TENS unit per the recommendations of the QME evaluator. The injured worker was noted to remain temporarily totally disabled. On 7-21-2015, the injured worker was noted to be pregnant, with the Physician noting the avoidance of prescribed medications. The request for authorization was noted to have requested a follow-up visit for recurrent patella subluxation of right knee, aquatic therapy 18 visits, right knee 3 times week for 6 weeks, acupuncture 4 visits, right knee 2 times a week for 2 weeks, evaluation and treatment with psychologist for depression and anxiety, treatment under neurologist for post traumatic concussive headache and visual disturbances, and a home TENS unit. The Utilization Review (UR) dated 9-9-2015, non-certified the requests for a follow-up visit for recurrent patella subluxation of right knee, aquatic therapy 18 visits, right knee 3 times week for 6 weeks,

acupuncture 4 visits, right knee 2 times a week for 2 weeks, evaluation and treatment with psychologist for depression and anxiety, treatment under neurologist for post traumatic concussive headache and visual disturbances, and a home TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up visit for recurrent patella subluxation of right knee: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Office visits.

Decision rationale: Regarding the request for a follow-up visit, California MTUS does not specifically address the issue. ODG cites that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. Within the documentation available for review, it appears the patient still has significant pain limiting function with regards to the knee. Additionally, it appears that the requesting physician feels that there are still remaining conservative treatment options. As such, a follow-up visit seems reasonable. Therefore, the currently requested follow-up visit is medically necessary.

Aquatic therapy 18 visits, right knee 3 times week for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Aquatic Therapy.

Decision rationale: Regarding the request for aquatic therapy, Chronic Pain Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Guidelines go on to state that for the recommendation on the number of supervised visits, see physical therapy guidelines. Within the documentation available for review, there is no documentation indicating why the patient would require therapy in a reduced weight-bearing

environment. Furthermore, there is no indication as to how many physical/aquatic therapy sessions the patient has undergone and what specific objective functional improvement has been obtained with the therapy sessions already provided. Furthermore, there is no statement indicating whether the patient is performing a home exercise program on a regular basis, and whether or not that home exercise program has been modified if it has been determined to be ineffective. Finally, the current request exceeds the number recommended as a trial by guidelines and there is no provision to modify the current request. In the absence of clarity regarding those issues, the currently requested aquatic therapy is not medically necessary.

Acupuncture 4 visits, right knee 2 times a week for 2 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Acupuncture.

Decision rationale: Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, it is unclear what current concurrent rehabilitative exercises will be used alongside the requested acupuncture (since, unfortunately, the aquatic therapy has not met the burden of medical necessity, and there is no discussion of the patient utilizing an HEP). As such, the currently requested acupuncture is not medically necessary.

Evaluation and treatment with psychologist for depression and anxiety: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations, Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Behavioral Interventions.

Decision rationale: Regarding the request for psychological consultation, Chronic Pain Medical Treatment Guidelines state that psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected using pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury, or work related. Psychosocial evaluations should determine if further

psychosocial interventions are indicated. ODG states the behavioral interventions are recommended. Guidelines go on to state that an initial trial of 3 to 4 psychotherapy visits over 2 weeks may be indicated. Within the documentation available for review, there are no subjective complaints of psychological issues, no mental status exam, and no indication of what is intended to be addressed with the currently requested psychological consultation. Additionally, the current request includes open-ended treatment. Guidelines do not support the open-ended application of any treatment modality, and there is no provision to modify the current request. In the absence of clarity regarding those issues, the currently requested psychological evaluation is not medically necessary.

Treatment under neurologist for post traumatic concussive headache and visual disturbances: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: Regarding the request for "Treatment under neurologist for post traumatic concussive headache and visual disturbances", California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, it is unclear if the patient has consulted a neurologist previously. If so, it is unclear what the neurologist treatment recommendations might have been. If the patient has not consulted a neurologist previously, then a consultation would be more appropriate than a request for treatment. If a consultation has taken place, it seems reasonable to identify exactly what treatment was recommended by the neurologist rather than making an open-ended request for "treatment under neurologist." Additionally, guidelines do not support the open-ended application of a treatment modality, and there is no provision to modify the current request. Finally, it is unclear what the treating physician has attempted to do to address these issues prior to referral. As such, the currently requested "Treatment under neurologist for post traumatic concussive headache and visual disturbances" is not medically necessary.

Home TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Electrical stimulators (E-stim).

Decision rationale: Regarding the request for TENS, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) is 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. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach, with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Within the documentation available for review, there is no indication that the patient has undergone a TENS unit trial, and no documentation of any specific objective functional deficits which a tens unit trial would be intended to address. Additionally, it is unclear what other treatment modalities are currently being used within a functional restoration approach. In the absence of clarity regarding those issues, the currently requested TENS unit is not medically necessary.