

Case Number:	CM15-0191551		
Date Assigned:	10/05/2015	Date of Injury:	07/26/2015
Decision Date:	11/10/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/29/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 52 year old male who sustained an industrial injury on 7-26-15. A review of the medical records indicates he is undergoing treatment for left knee sprain and strain with slight tricompartmental degenerative changes per radiographs - rule out medial collateral ligament tear. Medical records (8-23-15 to 9-1-15) indicate ongoing complaints of left knee pain and weakness with burning, as well as "moderate" instability when he walks. The physical exam (9-1-15) reveals diffuse swelling of the left knee, medially. Tenderness to palpation is noted over the medial aspect of the knee. "Increased pain and guarding" is noted on the medial aspect of the knee with Valgus and Varus stress tests. Medial line joint pain is noted with McMurray's test "absent definite click". Patellofemoral crepitus is present with passive range of motion. Range of motion is noted at 95 degrees flexion and -12 degrees extension. The gait is "abnormal", noting a limp favoring the left lower extremity. The treating provider states, "there is weight shift to the right with gait and stance". Sensation is "intact". Motor testing reveals weakness in flexion and extension due to pain. Diagnostic tests include x-rays of the left knee and a urine drug screen. Treatment has included a knee brace, medications, and at least 2 sessions of chiropractic treatments. The injured worker declined recommended physical therapy due to increased pain. Treatment recommendations (9-1-15) include chiropractic services three times a week for four weeks, Tylenol #3, a random drug screen, a home inferential unit "for a more consistent self-guided treatment and flare-ups", a single point cane, and an ultrasound of the left knee. The utilization review (9-14-15) includes requests for authorization for chiropractic services three times a week for four weeks, a random urine drug screen, a home inferential unit, and an ultrasound of the left knee. The chiropractic services and home inferential unit were denied. The random drug screen was modified to a basic urine drug screen, only. The ultrasound was approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Services 3x4: 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): Manual therapy & manipulation.

Decision rationale: Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, Manual therapy and manipulation, page 58, chiropractic is recommended as an option treatment of low back pain with a trial of 6 visits over 2 weeks with evidence of objective functional improvement, with a total of up to 18 visits over 6-8 weeks. Manual therapy is not recommended for treatment of conditions about the knee. In this case, the request exceeds the 6 visits and therefore the determination is for the request is not medically necessary.

Random Urine Drug Screen: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) pain.

Decision rationale: According to the CA MTUS, Chronic Pain Medical Treatment Guidelines, page 43, drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Recommend screening for the risk of addiction prior to initiating opioid therapy. It is important to attempt to identify individuals who have the potential to develop aberrant drug use both prior to the prescribing of opioids and while actively undergoing this treatment. Most screening occurs after the claimant is already on opioids on a chronic basis, and consists of screens for aberrant behavior/misuse. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. Ongoing monitoring: (1) If a patient has evidence of a high risk of addiction (including evidence of a comorbid psychiatric disorder (such as depression, anxiety, attention-deficit disorder, obsessive-compulsive disorder, bipolar disorder, and/or schizophrenia), has a history of aberrant behavior, personal or family history of substance dependence (addiction), or a personal history of sexual or physical trauma, ongoing urine drug testing is indicated as an adjunct to monitoring along with clinical exams and pill counts. (2) If dose increases are not decreasing pain and increasing function, consideration of UDT should be made to aid in evaluating medication compliance and adherence. In this case, the documentation does not provide justification for a random urine drug screen. The clinical notes from 8/23/15 and 9/1/15 do not indicate that the injured worker is at high risk for abuse, suspected of using illegal drugs, has been using opioids chronically or requiring escalating doses. Therefore, the request has not met the guidelines and is not medically necessary.

Home IF Unit: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Percutaneous neuromodulation therapy (PNT).

Decision rationale: According to the CA MTUS/ACOEM Chronic Pain Medical Treatment Guideline, page 118, use of ICS is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues. In addition, although proposed for treatment in general for soft tissue injury or for enhancing wound or fracture healing, there is insufficient literature to support Interferential current stimulation for treatment of these conditions. There are no standardized protocols for the use of interferential therapy; and the therapy may vary according to the frequency of stimulation, the pulse duration, treatment time, and electrode-placement technique. The request for a home IF unit is not supported by the MTUS guidelines and therefore, is not medically necessary.