

Case Number:	CM15-0192941		
Date Assigned:	10/07/2015	Date of Injury:	11/15/2012
Decision Date:	11/13/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	10/01/2015

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: New Jersey
 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:

The injured worker is a 55 year old male, who sustained an industrial injury on 11-15-2012. The injured worker is undergoing treatment for headaches, lumbar radiculopathy, right shoulder sprain and strain, left knee and calf sprain and strain, and left inguinal hernia. On 7-20-15, and 9-9-15, he reported having frequent headaches rated 4 out of 10, low back pain with radiation into the bilateral lower extremities with associated numbness and tingling in the legs rated 6 out of 10, right shoulder pain rated 4 out of 10, and left knee pain rated 5 out of 10. Physical findings revealed decreased right shoulder range of motion, decreased lumbar spine range of motion, decreased left knee range of motion. On 8-14-15, he reported low back pain with increased radiating pain down to the bilateral feet with associated numbness and tingling in the bilateral big toes. Physical findings revealed tenderness, decreased range of motion and decreased sensation to light touch in right L4-5 for the lumbar spine, positive bilateral straight leg raise. The treatment and diagnostic testing to date has included lumbar epidural injection (date unclear), electrodiagnostic studies (12-3-14), lumbar x-ray (4-27-15), topical creams, shockwave therapy (dates unclear), oral medications, urine drug screen. Current work status: unclear. The request for authorization is for MR arthrogram of the left knee, one paraffin bath unit, and one interferential unit. The UR dated 8-27-15: non-certified the requests for MR arthrogram of the left knee, one paraffin bath unit, and one interferential unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR arthrogram of the left knee: Upheld

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

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

Decision rationale: The MTUS ACOEM Guidelines state that special testing such as MRI is not needed to evaluate most knee complaints until after a period of conservative care and observation and after red flag issues are ruled out. The criteria for MRI to be considered includes joint effusion within 24 hours of injury, inability to walk or bear weight immediately or within a week of the trauma, and inability to flex knee to 90 degrees. With these criteria and the physician's suspicion of meniscal or ligament tear, an MRI may be helpful with diagnosing. MRIs are superior to arthrography, according to the MTUS Guidelines. In the case of this worker, there was an MRI of the left knee, which suggested a meniscal tear. Another MR study (arthrogram) is not necessary and is unlikely to provide practical information about the suspected tear over the MRI study by itself. In addition, there was no report of the worker performing exercises (although they were prescribed by the provider). Therefore, further testing of any kind cannot be justified. Physical examination did not reveal any provocative testing results, which were significant to suggest this was a surgical situation to warrant imaging, and only tenderness of the knee was recorded in the notes. Therefore, this request for MR arthrogram of the left knee is not medically necessary at this time.

Paraffin bath 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, Forearm, Wrist and Hand Chapter, Paraffin wax baths.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand section, Paraffin wax baths.

Decision rationale: The MTUS ACOEM Guidelines state that for wrist and hand injuries, heat application at home may be helpful to increase mobility and decrease pain before or after exercise and is generally recommended. The use of simple heat packs was mentioned and not paraffin wax baths. The ODG states that the paraffin wax baths are recommended as an option for arthritic hands if used as an adjunct to a program of evidence-based conservative care (exercise). It is not clear that wax baths are superior to simpler methods of applying heat, however. In the case of this worker, there was record of tendonitis of the wrists causing pain. Paraffin bath unit for use at home was recommended by the provider, however, this is not an appropriate method to treat non-arthritic hands, and since there was no mention in the notes of having tried and failed simpler heat therapy methods for the wrists, this request is not medically necessary at this time.

IF unit: 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 MTUS Chronic Pain Guidelines do not recommend interferential current stimulation (ICS) as an isolated intervention as there is no quality evidence. It may be considered as an adjunct if used in conjunction with recommended treatments, including return to work, exercise, and medications if these have not shown to provide significant improvements in function and pain relief, and has already been applied by the physician or physical therapist with evidence of effectiveness in the patient. Criteria for consideration would include if the patient's pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, if the patient has a history of substance abuse, if the patient has significant pain from postoperative conditions which limits the ability to perform exercise programs or physical therapy treatments, or if the patient was unresponsive to conservative measures (repositioning, heat/ice, etc.). A one-month trial may be appropriate if one of these criteria is met as long as there is documented evidence of functional improvement and less pain and evidence of medication reduction during the trial period. Continuation of the ICS may only be continued if this documentation of effectiveness is provided. In addition, a jacket for ICS should only be considered for those patients who cannot apply the pads alone or with the help of another available person, and this be documented. In the case of this worker, there was no record seen in the documents provided for review, which showed a trial of ICS unit being effective at reducing pain and improving functional gain before considering a purchase of a unit for regular use. This any other criteria have not been met by this worker, according to the notes provided. Therefore, this request for the "IF unit" is not medically necessary at this time.