

Case Number:	CM15-0025430		
Date Assigned:	02/17/2015	Date of Injury:	06/25/2008
Decision Date:	05/06/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/10/2015

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: Arizona, Michigan
 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 68 year old female, who sustained an industrial injury on 06/25/2008. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include revision of left total knee arthroplasty, left thumb trigger finger, right resolving contusion, and right and left pes bursitis. Treatment to date has included medication regimen, use of a cane, injections, above noted surgery, and use of ice. In a progress note dated 12/05/2014 the treating provider reports left knee pain. The treating physician requested the below listed treatments, but the documentation did not indicate the reasons for these requested treatments. On 01/14/2015 Utilization Review non-certified the requested treatments of a purchase of a bath/shower chair, water circulating cold pad with pump rental duration of treatment unspecified, Flector Patch (Diclofenac Epolamine Patch) 1.3% quantity unspecified, twelve sessions of aquatic therapy and Pilates two per week for six weeks to the bilateral knees, noting the Official Disability Guidelines: Knee and Leg Chapter, Pain (Chronic) Chapter, and California Medical Treatment Utilization Schedule, Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of shower chair: 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 and Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg (acute and chronic) / Bathtub seats/ Durable Medical Equipment (DME).

Decision rationale: The MTUS / ACOEM did not specifically address the use of shower chair therefore other guidelines were consulted. Per the ODG, "bathtub seats are considered a comfort or convenience item, hygienic equipment, & not primarily medical in nature." DME are recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below. Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. Certain DME toilet items (commodes, bed pans, etc.) are medically necessary if the patient is bed- or room-confined, and devices such as raised toilet seats, commode chairs, sitz baths and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. A review of the injured workers physical exam reveals that she is able to ambulate with a cane and there is no documentation of significant mobility limitations that would require the use of a shower chair, therefore based on the guidelines the request for purchase of shower chair is not medically necessary.

Ice machine rental; duration not specified: 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 and Leg Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 338.

Decision rationale: Per ACOEM in MTUS, at home local applications of cold packs in the first few days of acute complaints thereafter applications of heat packs. Patients at home applications of cold packs are as effective as those performed by a therapist. A review of the injured workers medical records do not reveal an indication for ice machine rental of unspecified duration and without this information medical necessity cannot be established. The request is not medically necessary.

Flector 1.3% patches; quantity not specified: 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 (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) / Flector patch.

Decision rationale: Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Per the ODG, "Flector patch is not recommended as a first-line treatment. topical diclofenac is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs, after considering the increased risk profile with diclofenac, including topical formulations. Flector patch is FDA indicated for acute strains, sprains, and contusions. On 12/07/09, the FDA issued warnings about the potential for elevation in liver function tests during treatment with all products containing diclofenac. Postmarketing surveillance has reported cases of severe hepatic reactions, including liver necrosis, jaundice, fulminant hepatitis with and without jaundice, and liver failure. Physicians should measure transaminases periodically in patients receiving long-term therapy with diclofenac.". However a review of the injured workers medical records did not show a failed trial of other recommended first line medications like anticonvulsants and antidepressants, given the risk profile there does not appear to be a need for continued use of this medication, therefore the request for an unspecified quantity of Flector Patch is not medically necessary.

Aquatic therapy for the bilateral knees, 2 times per week for 6 weeks; 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

Decision rationale: Per the MTUS, Aquatic therapy is recommended as an optional form of exercise therapy especially in cases where reduced weight bearing is desirable like in extreme obesity. However a review of the injured workers medical records that are available to me do not show that she has failed land therapy and without this information medical necessity cannot be established. The request is not medically necessary.

Pilates for the bilateral knees, 2 times per week for 6 weeks; 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Yoga.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise
Page(s): 46.

Decision rationale: Per the MTUS, exercise is recommended, there is strong evidence that exercise programs that include aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program and should emphasize education, independence and the importance of an on-going exercise regimen. However, a review of the injured workers medical records failed to clarify if this was part of a medically supervised rehabilitation program and without this information medical necessity is not established. The request is not medically necessary.