

Case Number:	CM15-0044260		
Date Assigned:	04/02/2015	Date of Injury:	03/01/2014
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/09/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 58 year old male, who sustained an industrial injury on 3/1/14. He has reported anxiety, insomnia, and pain in the right knee and thigh while working as a technician. The diagnoses have included right knee sprain/strain and right knee osteophytosis. Treatment to date has included medications, diagnostics and physical therapy. As per the Doctor's First Report note dated 11/20/14, the injured worker complains of anxiety, insomnia, and pain in the right knee and thigh. The physical exam revealed diffuse tenderness over the lower anterior thigh, right knee peripatellar tenderness with firm compression and tenderness over the medial joint line and range of motion of the right knee was painful and restricted. The physician requested treatments included Right Knee Exercise Kit, Right Knee Brace and IF Unit with Electrodes x 10, batteries x 10 with set up and delivery fee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Exercise Kit: Upheld

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

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, a right knee exercise kit is not medically necessary. The guidelines recommend exercise. There is strong evidence that a aerobic conditioning and strengthening our superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other. In this case, the injured worker's working diagnoses are posttraumatic anxiety; right thigh contusion; right knee sprain/strain rule out meniscus tear. The medical record contains 12 pages. There is a single progress note dated November 20, 2014 (the initial provider report). The request for authorization is needed February 26, 2015. There are no contemporaneous progress notes in the medical record on or about request for authorization date. Progress note dated November 20, 2014 indicates physical therapy is being initiated. There is no documentation of an exercise kit in the medical record. There is no documentation of the contents of an exercise kit in the medical record. Consequently, absent clinical documentation with objective functional improvement with exercise kit contents, right knee exercise kit is not medically necessary.

Right Knee Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee & Leg Chapter, Knee Brace.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Section, Braces.

Decision rationale: Pursuant to the Official Disability Guidelines, right knee brace is not medically necessary. There are no high quality studies that support or refute the benefits of knee braces for patellar instability, ACL tear or MCL instability, but in some patients, a knee brace can increase confidence, which may indirectly help with the healing process. In all cases, braces need to be used in conjunction with a rehabilitation program and are necessary only if the patient is going to be stressing the knee under load. The Official Disability Guidelines enumerate the criteria for the use of knee braces both prefabricated and custom fabricated. In this case, the injured worker's working diagnoses are posttraumatic anxiety; right thigh contusion; right knee sprain/strain rule out meniscus tear. The medical record contains 12 pages. There is a single progress note dated November 20, 2014 (the initial provider report). The request for authorization is needed February 26, 2015. There are no contemporaneous progress notes in the medical record on or about request for authorization date. There is no documentation in the medical record indicating a right knee brace is clinically indicated. Consequently, absent clinical documentation with a clinical indication and rationale for a right knee brace, right knee brace is not medically necessary.

IF Unit with Electrodes x 10, batteries x 10 with set up and delivery fee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Interferential Current Stimulation (ICS). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee & Leg Chapter, Interferential current therapy (IFC).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Unit Page(s): 118-120. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Interferential Unit.

Decision rationale: Pursuant to the Official Disability Guidelines, Interferential unit (ICS) with electrodes times 10, batteries times 10 setup and delivery fee is not medically necessary. ICS is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with the recommended treatments including return to work, exercise and medications area randomized trials have evaluated the effectiveness of this treatment. The findings from these trials were either negative or insufficient for recommendation due to poor study design and/or methodologic issues. The Patient Selection Criteria should be documented by the medical care provider for ICS to be medically necessary. These criteria include pain is an effectively controlled due to diminished effectiveness of medications; due to side effects of medications; history of substance abuse; significant pain from post operative or acute conditions that limit the ability to perform exercise programs or physical therapy; unresponsive to conservative measures. If these criteria are met, then a one-month trial may be appropriate to permit the physician and physical therapy provider to study the effects and benefits. In this case, the injured worker's working diagnoses are posttraumatic anxiety; right thigh contusion; right knee sprain/strain rule out meniscus tear. The medical record contains 12 pages. There is a single progress note dated November 20, 2014 (the initial provider report). The request for authorization is needed February 26, 2015. There are no contemporaneous progress notes in the medical record on or about request for authorization date. There is no documentation in the medical record indicating an ICS is clinically indicated. Consequently, absent clinical documentation with a clinical indication or rationale for ICS unit, Interferential unit (ICS) with electrodes times 10, batteries times 10 setup and delivery fee is not medically necessary.