

Case Number:	CM15-0048686		
Date Assigned:	03/20/2015	Date of Injury:	11/14/2014
Decision Date:	05/01/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/16/2015

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: Texas, Florida, California

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 48 year old female, who sustained an industrial injury on 11/14/2014. She reported repetitive motion complaints of the cervical spine, bilateral shoulders, and bilateral wrists. The injured worker was diagnosed as having neck sprain/strain, disorders of bursae and tendons in shoulder region, unspecified, other tenosynovitis of hand and wrist, cumulative trauma from repetitive motion, and diabetes. Treatment to date has included conservative measures, including diagnostics, medications, wrist braces, and physical therapy (6 sessions completed up to 1/23/2015). She reported a trip and fall work incident in 2003, falling onto her hands and knees. Her treatment consisted of diagnostics, medications, and bilateral knee surgeries (arthroscopic in 2008). Electromyogram and nerve conduction studies of the upper extremities, dated 1/27/2015, noted bilateral carpal tunnel syndrome, moderate on right and mild on left, with prolonged median motor and sensory latencies across the wrist. Currently, the injured worker complains of pain in her neck, bilateral shoulders, bilateral elbows, bilateral wrists/hands, bilateral knees, and bilateral ankles/feet. She also reported gastrointestinal upset and aggravation of diabetes. Exam of the cervical spine noted a slightly forward head carriage, tenderness and spasm over the bilateral paraspinals and trapezius musculature, and decreased range of motion. Exam of the bilateral shoulders noted tenderness to palpation over the supraspinatus tendons and periscapular musculature, positive impingement test bilaterally, and decreased range of motion. Exam of the bilateral elbows noted tenderness over the lateral epicondyles, positive bilateral Cozen's test, and decreased range of motion. Exam of the bilateral wrists noted slight atrophy of the bilateral thenar pads, tenderness over the flexor tendons,

bilateral positive Tinel's sign and Phalen's test, and decreased range of motion. Jamar grip strength was 4/4/6 on the right and 4/6/6 on the left. Exam of the knees noted tenderness over the Achilles tendon and decreased range of motion in the ankles. An antalgic gait, favoring the right leg, was noted. Sensation was decreased in bilateral upper and lower extremities in the median nerve distributions. Motor testing in the upper and lower extremities noted no weakness. Radiographs of the bilateral knees were performed and referenced. Prescribed medications included Norco, Fexmid, and Sonata. Her sleep pattern and blood glucose values were not described. The treatment plan included physical therapy (3x4 to decrease pain, increase range of motion, and increase ability to perform activities of daily living), a home interferential unit (to decrease pain and muscle spasm), BioniCare Knee System (for left knee stabilization and support), and internal medicine consultation (to assess diabetes and gastrointestinal complaints).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy; 3 times a week for 4 weeks (12 sessions): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98 of 127.

Decision rationale: The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: 1. Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient. Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. 2. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self actualization. This request is not medically necessary.

Home Interferential unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 116 of 127. Decision based on Non-MTUS Citation ODG, Low back, Interferential.

Decision rationale: For Interferential stimulators, the MTUS refers the reader to Transcutaneous stimulators. The MTUS notes that electrical stimulators like interferential units are not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005) Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985) Spasticity: may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005) Multiple sclerosis (MS): While electrical stimulators do not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. (Miller, 2007) Further, regarding interferential stimulators for the low back, the ODG notes: Not generally recommended. 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. Interferential current works in a similar fashion as TENS, but at a substantially higher frequency (4000-4200 Hz). See the Pain Chapter for more information and references. See also Sympathetic therapy. In this case, the stimulator is not generally recommended due to negative efficacy studies, and the claimant does not have conditions for which electrical stimulation therapies might be beneficial. The request is not medically necessary.

BioniCare knee system for the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG for knee and leg regarding BioniCare knee device.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, under BioniCare.

Decision rationale: The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes in the knee section: Recommended as an option for patients in a therapeutic exercise program for osteoarthritis of the knee, who may be candidates for total knee arthroplasty (TKA) but want to defer surgery. See also TENS (transcutaneous electrical nerve stimulation). This device received FDA approval as a TENS device, but there are additional claims of tissue regeneration effectiveness and studies suggesting the possibility of deferral of TKA with use of the BioniCare device. In this case, it is not clear that its use is part of a therapeutic exercise program, and that the patient is a candidate for total knee arthroplasty, but

wants to defer surgery. At present, support for the unit is not present as key criteria are not met. The request is not medically necessary.

Internal medicine consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACEOM, for Independent Medical Examinations and Consultations regarding referrals, Chapter 7.

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) Chapter 7, page 127.

Decision rationale: Technically, Chapter 7 of the ACOEM guides is not part of MTUS, so it is cited under non-MTUS guidelines. ACOEM Guidelines, Chapter 7, Page 127, state that the occupational health practitioner may refer to other specialists 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. This request for the consult fails to specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, work capability, clinical management, and treatment options. Therefore, the request is not medically necessary.

Norco 5/325mg 1 by mouth once a day as needed, Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trails of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 88 of 127.

Decision rationale: In regards to the long term use of opiates, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. The request is not medically necessary.

Fexmid 7.5mg; 1 by mouth twice a day Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 41-42 of 127.

Decision rationale: The MTUS recommends Fexmid (cyclobenzaprine) for a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. In this case, there has been no objective functional improvement noted in the long-term use of Flexeril in this claimant. Long term use is not supported. Also, it is being used with other agents, which also is not clinically supported in the MTUS. The request is not medically necessary.

Sonata 10mg; 1 by mouth at bedtime, Qty 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, for pain regarding Insomnia Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Desk Reference, under Zaleplon.

Decision rationale: The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG is also silent. Per the Physician Desk Reference, Sonata, also known as Zaleplon, is for short term treatment of insomnia. The medicine is approved for the short-term (usually two to six weeks) treatment of insomnia. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. (Feinberg, 2008) I did not find firm quantification of insomnia, or the degree thereof that might warrant a prescription medicine in lieu of over the counter sleep aids. The request is not medically necessary.