

Case Number:	CM15-0057323		
Date Assigned:	04/02/2015	Date of Injury:	05/09/2014
Decision Date:	05/20/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/25/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 50-year-old female who reported an injury on 05/09/2014. The injury reportedly occurred when the patient stood up from placing a C spine board on a gurney and hit her lower back on a steel table, and then she fell on her knees onto a concrete floor. She was diagnosed with grade 2 patellofemoral chondromalacia. Her past treatments were noted to include medications. Her diagnostic studies included an unofficial MRI of the left knee performed on 08/14/2014, which was noted to reveal grade 2 patellofemoral chondromalacia, large varicose veins at the lateral aspect of the knee, no meniscal tear, and mild degenerative signal at the femoral attachment of the lateral collateral ligament. Additionally, the patient had an official MRI of the right lower extremity performed on 12/11/2014, which was noted to reveal chondromalacia with a fissure at the medial femoral condyle, parameniscal cyst versus ganglion within the deep aspect of Hoffa's fat pad extending near the anterior horn of the medial meniscus, no meniscal tear is appreciated. On 02/08/2015, the injured worker went in for a follow-up of bilateral knee pain. She indicated there is no change in her knee pain, and continues to have pain in both knees, which is worse with prolonged weight bearing. She reported she received a cortisone injection in 12/2014, which did not seem to help with her knee pain. She reported no locking or giving out of her knees. On physical examination, she was noted to have mild distress, no significant swelling or effusion of her knees bilaterally. She had tenderness over the patella bilaterally, and has increased pain with flexion and extension, and pressure pain placed in the patella. She was able to flex to 120 degrees, and there was no instability of collateral ligaments. Her current medications were noted to include ibuprofen 600 mg, Norco 5/325 mg, and Soma

350 mg. The treatment plan included medications and a follow-up appointment. A request was submitted for a left knee MUA, associated surgical services for an interferential stimulator, Micro cool cold therapy, a home exercise kit, DVT compression pump and stockings, a continuous passive motion machine rental for 6 weeks, and 12 sessions of postoperative acupuncture. However, the rationale was not provided. A Request for Authorization was submitted on 02/12/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Stimulator (IFC): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-118.

Decision rationale: The California MTUS guidelines note interferential current stimulation is not recommended as an isolated intervention but may be used on conjunction with active treatment. The guidelines note it may possibly be appropriate when pain is ineffectively controlled due to diminished effectiveness of medications or due to side effects, when the patient has a history of substance abuse, when the patient has significant postoperative pain, and when the patient has been unresponsive to conservative treatment. A one month trial may be appropriate if the unit has been documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine. During the trial there should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. The clinical documentation does not provide evidence that the patient has used the unit as a one month trial and documented and evidence of increased functional improvement, less reported pain and evidence of medication reduction. Additionally, the request as submitted does not provide a duration for the unit and whether it is for rental or purchase. Given the above information, the request is not supported. As such, the request is not medically necessary.

Micro Cool Cold Therapy: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Continuous-Flow Cryotherapy.

Decision rationale: The Official Disability Guidelines recommended continuous-flow cryotherapy as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage.

The clinical documentation submitted for review does provided evidence that that patient was certified for Left knee MUA, however, the request as submitted does not provided a duration for the unit as the guidelines only recommend for up to 7 days. Given the above information, the request is not supported. As such, the request is not medically necessary.

Home Exercise Kit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337 and 338, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Exercise.

Decision rationale: The Official Disability Guidelines state while a home exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen; therefore, it is unclear as to why the patient is unable to continue with a home exercise program. There is no indication that the patient's home exercise regimen has been ineffective. Additionally, there is also no indication that the injured worker requires specialized equipment. Given the above information, the request is not supported. As such, the request is not medically necessary.

DVT Compression Pump and Stockings: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Venous Thrombosis, Compression Garments.

Decision rationale: The Official Disability Guidelines indicate that patients should be assessed for risk of venous thrombosis and if at risk, there should be a consideration of oral anti-coagulation. Additionally, the guidelines indicate that compression stockings are supported to prevent DVT. There was a lack of documentation indicating the patient was found to be at risk for DVT and there was a lack of documentation that the patient could not use compression stockings vs. compression device. Additionally, there was no indication as to why the patient would not be able to use oral anticoagulation. Given the above information, the request is not supported. As such, the request is not medically necessary.

Continuous Passive Motion Machine (6-week rental): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Criteria for the Use of Continuous Passive Motion Devices.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Continuous Passive Motion (CPM).

Decision rationale: The Official Disability Guidelines recommend for home use up to 17 days after surgery while patient is at risk of a stiff knee or immobile, or unable to bear weight. Although it was noted the injured worker was certified for a left MUA of the knee, the request is not supported due to the time span exceeding more than 17 days after surgery. As such, the request is not supported by the guidelines. As such, the request is not medically necessary.

Post Operative Acupuncture (12 sessions): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Official Disability Guidelines recommend for home use up to 17 days after surgery while patient is at risk of a stiff knee or immobile, or unable to bear weight. Although it was noted the injured worker was certified for a left MUA of the knee, the request is not supported due to the time span exceeding more than 17 days after surgery. As such, the request is not supported by the guidelines. As such, the request is not medically necessary.