MAXIMUS Federal Services

Case Number:	CM15-0064274		
Date Assigned:	05/13/2015	Date of Injury:	07/21/2011
Decision Date:	07/08/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	04/04/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 27-year-old male, who sustained an industrial injury on 7/21/11. He reported initial complaints of fall resulting in a fracture left femur/leg. The injured worker was diagnosed as having internal derangement left knee; left hip trochanter bursitis; sacroiliac joint inflammation; inflammation right hip and knee; depression; insomnia. Treatment to date has included three cortisone injections to the left knee; physical therapy; medications. Diagnostics include Lumbar spine MRI 1/14/15; MRI right knee 1/14/15; x-rays left femur (3/5/13). Currently, the PR-2 notes dated 2/16/15 indicated the injured has been approved for left knee surgery to have hardware removed but he has deferred this treatment at this time. A MRI of the left knee was done but the provider did not have a report on this date with that impression. He complains of persistent low back and bilateral knee pain. He has difficulty sleeping and frequent muscle spasms which he is taking Flexeril. The injured worker reports he is taking it three times a day and was recommended to take only two times per day. He has a TENS unit but is stopped working. He uses a hinged knee brace but it does not give him knee cap support. Objective findings note his blood pressure is 152/86. He has tenderness along the inner and outer patella with a negative patellar tilt test. Positive compression test and negative inhibition test. There is also noted tenderness across the lumbar paraspinal muscles bilaterally with pain along the facets and pain with facet loading. A MRI left knee is noted in the diagnosis remarks as showing a meniscal tear and patellofemoral inflammation laterally but there is no date indicated for this MRI. The provider is requesting an IF or muscle stimulator unit and supplies/conductive garment (rental or purchase) and Patellar strap (left knee).

IMR ISSUES, DECISIONS AND RATIONALES

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

IF or muscle stimulator unit and supplies/conductive garment (rental or purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines interferential current stimulation Page(s): 120.

Decision rationale: The patient presents on 04/01/15 with unspecified complaints; the subjective complaints section includes discussion of medications and recently deferred surgery to the left knee. The patient's date of injury is 07/21/11. Patient is status post multiple cortisone injections to the left knee. The request is for IF OR MUSCLE STIMULATOR UNIT & SUPPLIES/ CONDUCTIVE GARMENT (RENTAL OR PURCHASE). The RFA was not provided. Physical examination dated 04/01/15 reveals tenderness to palpation of the left knee along the medial and lateral joint line, and tenderness to palpation of the lumbar paraspinal muscles bilaterally. The provider notes full range of knee motion on extension and flexion bilaterally. The patient is currently prescribed Norco and Flexeril. Diagnostic imaging was not included, though progress note dated 12/11/14 references undated left knee MRI as showing: "internal derangement of the knee on the left showing meniscal tear, and there seems to be patellofemoral inflammation laterally." Patient is currently working. Regarding interferential current stimulation, MTUS Chronic Pain Medical Treatment guidelines page 120 has the following: "Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: Pain is ineffectively controlled due to diminished effectiveness of medications. Pain is ineffectively controlled with medications due to side effects. History of substance abuse. Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment. Unresponsive to conservative measures (e. g. , re-positioning, heat/ice, etc.). If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. "In regard to the unspecified IF unit trial rental (or purchase), the requesting provider has not specified an appropriate duration of trial period. Progress notes provided do not indicate that this patient has trialed an IF unit to date, and has failed a number of conservative therapies directed at his knee complaint. MTUS guidelines support the purchase of an IF unit only if proven effective during a 30 day trial period. However, the requesting provider has specified an unspecified rental or purchase. Were the request for a 30-day rental of the unit for trial, the recommendation would be for approval. Furthermore, the requested garment is not supported by MTUS as there is lack of any skin disorder for which this would be indicated. The request IS NOT medically necessary.

Patellar strap (left knee): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation (ODG-TWC), Knee & Leg Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

Decision rationale: The patient presents on 04/01/15 with unspecified complaints; the subjective complaints section includes discussion of medications and recently deferred surgery to the left knee. The patient's date of injury is 07/21/11. Patient is status post multiple cortisone injections to the left knee. The request is for PATELLAR STRAP (LEFT KNEE). The RFA was not provided. Physical examination dated 04/01/15 reveals tenderness to palpation of the left knee along the medial and lateral joint line, and tenderness to palpation of the lumbar paraspinal muscles bilaterally. The provider notes full range of knee motion on extension and flexion bilaterally. The patient is currently prescribed Norco and Flexeril. Diagnostic imaging was not included, though progress note dated 12/11/14 references undated left knee MRI as showing: "internal derangement of the knee on the left showing meniscal tear, and there seems to be patellofemoral inflammation laterally. " Patient is currently working. MTUS/ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 13, Knee Complaints, page 340, under Activity Alteration states: "a brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability although its benefits may be more emotional than medical. Usually a brace in necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program. " In regard to a patellar strap for this patient's chronic knee pain, the patient has already received a knee brace. Progress note dated 04/01/15 states: "He tried to increase his activity including running. He feels less support with running and he does wear his brace on and off. We have requested a patellar strap. " It is not clear why this patient's current DME bracing is insufficient to provide stability to the joint. As this patient has already been issued DME bracing, a second brace of a different design cannot be substantiated. The request IS NOT medically necessary.