

Case Number:	CM15-0087195		
Date Assigned:	05/11/2015	Date of Injury:	04/04/2014
Decision Date:	07/01/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/06/2015

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: 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 47 year old female who sustained an industrial injury on April 4, 2014. She reported injuries to her left knee, right hand, right arm and forehead. She reported a loss of consciousness. Previous treatment includes medications, physical therapy, imaging, and home exercise program. Currently the injured worker complains of right anterior shoulder and right posterior shoulder pain. She rates the pain as a 4 on a 10-point scale and notes that she feels better with pain medication, home exercise and with hot/cold therapy. Diagnoses associated with the request include, cervical and lumbar intervertebral disc disorder with myelopathy, rotator cuff syndrome, and internal derangement of the knee. The treatment plan includes acupuncture, home interferential stimulator unit, left knee brace, medications and imaging of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Guidelines recommend the use of acupuncture in the treatment of chronic pain. An initial three to six treatments at a frequency of one to three times per week is sufficient to produce functional improvements. If functional improvement results from the use of acupuncture treatments, then they may be extended. The optimum duration of acupuncture treatments is one to two months. The request for acupuncture twice per week for four weeks exceeds the recommended three to six sessions to produce functional improvement. The request for acupuncture 2 x 4 is determined to not be medically necessary.

Urine drug testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain procedure summary online version.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing section, Opioids Criteria for Use section Page(s): 42, 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Urine Drug Screen Section.

Decision rationale: The use of urine drug screening is recommended by the MTUS Guidelines, in particular when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. Per the Official Disability Guidelines (ODG), urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. This information includes clinical observation, results of addiction screening, pill counts, and prescription drug monitoring reports. The prescribing clinician should also pay close attention to information provided by family members, other providers and pharmacy personnel. State and local laws may dictate the frequency of urine drug testing. There is no evidence in the available documentation that the injured worker is prescribed controlled medications. There is also no evidence that suggests the intent to prescribe this medication, which may necessitate a baseline urine drug screen. The request for urine drug testing is determined to not be medically necessary.

Interferential unit rental x 60 days: 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 (ICS) Section Page(s): 118-120.

Decision rationale: The MTUS Guidelines do not recommend an interferential stimulator as an isolated treatment, however it may be useful for a subset of individuals that have not had success with pain medications. The evidence that an interferential stimulator is effective is not well supported in the literature, and studies that show benefit from use of the interferential stimulator

are not well designed to clearly demonstrate cause and effect. The guidelines support the use of an interferential stimulator for a one-month trial to determine if this treatment modality leads to increased functional improvement, less reported pain and medication reduction. The request is not for a one-month trial however, and the unit is not recommended for use without the trial and document evidence of benefit. While it appears that, the injured worker is attempting conservative measures to reduce pain levels, such as home exercise and hot/cold therapy, and could benefit from adding an interferential stimulator, this request is outside the recommended guidelines of a one-month trial. The request for Interferential unit rental x 60 days is determined to not be medically necessary.

Brace (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 (ODG), Knee & Leg procedure summary online version.

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

Decision rationale: Per the MTUS Guidelines, the use of a knee brace is recommended for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability, although its benefits may be more emotional than medical. Usually a brace is 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. The request for right knee brace is determined to not be medically necessary.