

Case Number:	CM14-0115860		
Date Assigned:	09/16/2014	Date of Injury:	03/27/2013
Decision Date:	10/23/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/23/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 57-year-old female who reported a date of injury on 03/27/2013. The mechanism of injury was not indicated. The injured worker had a diagnosis of internal derangement of the knee. Prior treatments included trigger point injections and physical therapy. Diagnostic studies were not indicated within the medical records provided. Surgeries included a right knee arthroscopy of unknown date. The injured worker had complaints of pain in the knees bilaterally, low back pain that radiated to the legs and thighs and rated the pain 9/10. The clinical note dated 09/11/2014 noted the injured worker had moderate effusion of the right knee, warmth and crepitus of the knees bilaterally, tenderness to palpation in the pes anserinus bursa, trigger points in the gluteus medius, quadratus lumborum and IT band bilaterally. Paresthesias to light touch were noted in the medial and lateral right leg, motor strength of the left knee extension was 4-/5 and right knee extension was 4/5. The injured worker had a positive SI joint compression test of the hips, and positive McMurray's test bilaterally, compression test bilaterally, mild laxity with valgus stress bilaterally, positive slump test and antalgic gait on the right. Medications included Tramadol and Ibuprofen. The treatment plan included the physician's recommendation for a functional restoration program and right knee brace. The rationale was indicated as the injured worker showed good motivation in order to participate and recover from the deficit she was incurring; functional restoration program can be a delay or alternative for optional therapy for the injured worker. The injured worker had not been able to progress past the point in which she was at in relationship to the industrial related conditions. The Request for Authorization form was received on 09/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program evaluation Qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) Page(s): 49.

Decision rationale: The request for Functional Restoration Program Evaluation QTY 1 is not medically necessary. The injured worker had complaints of pain in the knees bilaterally, low back pain that radiated to the legs and thighs and rated the pain 9/10. The California MTUS Guidelines indicate functional restoration programs are recommended although research is still ongoing on how to most appropriately screen for inclusion in these programs. Functional restoration programs were designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Pain rehabilitation programs combine multiple treatments, and at the least, include psychological care along with physical therapy and occupational therapy. Pain rehabilitation programs may be considered medically necessary when all of the following are met: an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate for surgery or other treatments would clearly be warranted; and the patient exhibits motivation to change and is willing to forego secondary gains. The guidelines indicate pain rehabilitation programs include psychological care along with physical therapy and occupational therapy including an active exercise component as opposed to passive modalities. However, there is a lack of documentation the injured worker is receiving psychological care. The guidelines indicate previous methods of treating the pain have been unsuccessful, however, it is noted the injured worker received trigger point injections and medications giving 60% to 80% pain relief. Furthermore, there is a lack of documentation the injured worker has significant loss of abilities to function independently resulting from the pain. As such, the request is not medically necessary.

Lumbar epidural steroid injection Qty: 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The request for Lumbar Epidural Steroid Injection QTY 1 is not medically necessary. The injured worker had complaints of pain in the knees bilaterally, low back pain that radiated to the legs and thighs and rated the pain 9/10. The California MTUS Guidelines recommend as an option for treatment of radicular pain. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing. Initially unresponsive to conservative treatments such as exercises, physical methods, NSAIDs and muscle relaxants. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. There is a lack of documentation indicating the injured worker is utilizing a home exercise program or physical therapy to be used in conjunction with the epidural steroid injection. Furthermore, the guidelines indicate repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. It is noted the injured worker experienced 60-80% reduction in her pain. However, there is a lack of documentation of the injured worker's medication use and how long pain relief lasted with the previously approved steroid injection on 06/18/2014. As such, the request is not medically necessary.

Bilateral PTO knee braces Qty: 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340.

Decision rationale: The request for Bilateral PTO knee braces QTY 2 is not medically necessary. The injured worker had complaints of pain in the knees bilaterally, low back pain that radiated to the legs and thighs and rated the pain 9/10. The California MTUS/ACOEM Guidelines indicate weight bearing exercises as tolerated; can begin as soon as possible after injury, provided no exacerbation of structural damage will occur. Weight bearing exercises help avoid the adverse effects of non-weight bearing exercises, such as loss of muscle mass, loss of strength, and diffuse osteopenia. The knee disorders under discussion almost always can bear weight, as tolerated. Using load bearing exercises and movement is far more beneficial to the muscle, tendon, skeleton, and cartilage than is total rest, but it is also crucial to avoid overloading the knee. 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 is necessary only if the patient is going to be stressing the knee in a 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. The guidelines recommend knee braces with documented ligamentous instability. The injured worker is noted to have laxity with valgus stress of the knees bilaterally, positive provocative maneuvers which would supports the use of a knee brace. However, there is a lack of documentation indicating the injured worker will be stressing the knee under load, such as

climbing ladders or carrying boxes. Furthermore, there is a lack of documentation indicating the injured worker is in a rehabilitation program or executing a home exercise program to strengthen the knees. As such, the request is not medically necessary.