MAXIMUS Federal Services

| Case Number: | CM14-0147666 | | |
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| Date Assigned: | 09/15/2014 | Date of Injury: | 04/14/2014 |
| Decision Date: | 10/16/2014 | UR Denial Date: | 08/25/2014 |
| Priority: | Standard | Application Received: | 09/11/2014 |

## 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 Emergency Medicine and is licensed to practice in California. 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 56 year-old female, who sustained an injury on April 14, 2014. The mechanism of injury occurred from a trip and fall. Diagnostics have included: July 23, 2014 left knee x-ray reported as normal; July 23, 2014 right knee x-ray reported as showing traction patella; July 23, 2014 left elbow x-ray reported as normal. Treatments have included: physical therapy, medications. The current diagnoses are: left lateral epicondylitis, bilateral knee internal derangement, right carpal tunnel syndrome and ulnar neuritis, right big toe contusion. The stated purpose of the request for x-rays of bilateral knees and left elbow was not noted. The request for x-rays of bilateral knees and left elbow was denied on August 25, 2014, citing a lack of documentation of acute trauma and effusion to the knees or other diagnostic criteria for the elbow. The stated purpose of the request for Magnetic resonance imaging (MRI) of both knees & left elbow was to rule out pathology/internal derangement/tears. The request for MRI of both knees & left elbow was denied on August 25, 2014, citing a lack of documentation of acute trauma to the knees and a lack of evidence-based guideline support for an MRI for epicondylitis. The stated purpose of the request for bilateral hinged knee braces was to provide support. The request for bilateral hinged knee braces was denied on August 25, 2014, citing a lack of documentation of knee instability. The stated purpose of the request for X force stimulator with garments was to provide pain relief. The request for X force stimulator with garments was denied on August 25, 2014, citing a lack of documentation of osteoarthritis of the knee and not recommended for the elbow. The stated purpose of the request for Physical Therapy 2x3 was to provide strength training, increase range of motion and decrease pain. The request for Physical Therapy 2x3 was denied on August 25, 2014, citing a lack of documentation of derived functional improvement from completed therapy sessions. Per the report dated July 8, 2014, the treating physician noted complaints of pain to the left elbow, left knee and right ankle. Exam

findings included left elbow tenderness and positive Cozen sign, positive Tinel sign, positive Phalen sign, abnormal 2-point discrimination over the right median nerve distribution, left knee tenderness with positive McMurray sign.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**X-RAYS OF BILATERAL KNEES AND LEFT ELBOW:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 13 Knee Complaints Page(s): 341-343;33-34.

**Decision rationale:** The requested x-rays of bilateral knees and left elbow, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 13, Knee Complaints, Special Studies and Diagnostic and Treatment Considerations, pp. 341-343, recommend knee x-rays when "- Patient is able to walk without a limp - Patient had a twisting injury and there is no effusion. The clinical parameters for ordering knee radiographs following trauma in this population are: - Joint effusion within 24 hours of direct blow or fall - Palpable tenderness over fibular head or patella - Inability to walk (four steps) or bear weight immediately or within a week of the trauma - Inability to flex knee to 90 degrees." American College of Occupational and Environmental Medicine (ACOEM), Elbow Complaints Chapter, 2008 2nd Edition Revision (accepted into California Medical Treatment Utilization Schedule (MTUS) July 18, 2009), Chapter 10 Elbow Complaints, Special Studies and Diagnostic and Treatment Considerations, Page 33-34, recommend radiographs of the elbow "to rule out osteomyelitis or joint effusion in cases of significant septic olecranon bursitis." The injured worker has pain to the left elbow, left knee and right ankle. The treating physician has documented left elbow tenderness and positive Cozen sign, positive Tinel sign, positive Phalen sign, abnormal 2-point discrimination over the right median nerve distribution, left knee tenderness with positive McMurray sign. The treating physician has not documented the presence of any of the criteria noted above for the knees. The treating physician has not documented physical exam evidence indicative of joint effusion, osteomyelitis or septic olecranon bursitis. The criteria noted above not having been met, x-rays of bilateral knees and left elbow, is not medically necessary.

**MRI OF BOTH KNEES & LEFT ELBOW:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 13 Knee Complaints Page(s): 343;33-34.

**Decision rationale:** The requested Magnetic resonance imaging (MRI) of both knees & left elbow is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) , Chapter 13, Knee Complaints, Special Studies and Diagnostic and Treatment Considerations, Page 343, note that imaging studies of the knee are recommended with documented exam evidence of ligamental instability or internal derangement after failed therapy trials. American College of Occupational and Environmental Medicine (ACOEM), , Elbow Complaints Chapter, 2008 2nd Edition Revision (accepted into California Medical Treatment Utilization Schedule (MTUS) July 18, 2009), Chapter 10 Elbow Complaints, PAGE 601, note "Criteria for ordering imaging studies are: - The imaging study results will substantially change the treatment plan. - Emergence of a red flag. - Failure to progress in a rehabilitation program, evidence of significant tissue insult or neurological dysfunction that has been shown to be correctable by invasive treatment, and agreement by the patient to undergo invasive treatment if the presence of the correctable lesion is confirmed." The injured worker has pain to the left elbow, left knee and right ankle. The treating physician has documented left elbow tenderness and positive Cozen sign, positive Tinel sign, positive Phalen sign, abnormal 2-point discrimination over the right median nerve distribution, left knee tenderness with positive McMurray sign. The treating physician has not documented physical exam evidence indicative of ligamental instability or internal derangement to the right knee, or exam evidence of red flag conditions to the elbow nor notation that the imaging study results will substantially change the treatment plan. The criteria noted above not having been met, Magnetic resonance imaging (MRI) of both knees & left elbow is not medically necessary.

**BILATERAL HINGED KNEE BRACES:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 13-6,346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic) , Knee brace

**Decision rationale:** The requested bilateral hinged knee braces, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 13, Table 13-6, page 346 note that knee braces are ""Recommended: Short period of immobilization after an acute injury to relieve symptoms"; and Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic) , Knee brace note ""Knee brace: Recommended as indicated below. Recommend valgus knee braces for knee OA. Knee braces that produce a valgus moment about the knee markedly reduce the net knee adduction moment and unload the medial compartment of the knee, but could be impractical for many patients. There are no high quality studies that support or refute the benefits of knee braces for patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability, but in some patients a knee brace can increase confidence, which may indirectly help with the healing process. In all cases, braces need to be used in conjunction with a rehabilitation program and are necessary only if the patient is going to be stressing the knee under load." The injured worker has pain to the left elbow, left knee and right ankle. The treating physician has documented left elbow tenderness and positive Cozen sign, positive Tinel sign, positive Phalen

sign, abnormal 2-point discrimination over the right median nerve distribution, left knee tenderness with positive McMurray sign. The treating physician has noted a positive left sided McMurray sign, but has not documented any evidence of right-sided knee instability nor the other criteria noted above. The criteria noted above not having been met, bilateral hinged knee braces, is not medically necessary.

**X force stimulator with garments:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic, (transcutanaeous electrical nerve stimulation) Page(s): 114-116.

**Decision rationale:** The requested X force stimulator with garments, is not medically necessary. Chronic Pain Medical Treatment Guidelines, TENS, chronic, (transcutanaeous electrical nerve stimulation), pages 114 - 116, note "Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration." The injured worker has pain to the left elbow, left knee and right ankle. The treating physician has documented left elbow tenderness and positive Cozen sign, positive Tinel sign, positive Phalen sign, abnormal 2-point discrimination over the right median nerve distribution, left knee tenderness with positive McMurray sign. The treating physician has not documented a current rehabilitation program, nor functional benefit from electrical stimulation under the supervision of a licensed physical therapist. The criteria noted above not having been met, X force stimulator with garments, is not medically necessary.

**Physical Therapy 2x3:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Physical therapy

**Decision rationale:** The requested Physical Therapy two times three is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 17, Knee Complaints, Summary of Recommendations and Evidence, Page 346, recommend a course of physical therapy to alleviate symptoms and exam findings and Official Disability Guidelines (ODG), Knee, Physical therapy, recommends continued therapy beyond a six-visit trial with documented functional improvement. The injured worker has pain to the left elbow, left knee and right ankle. The treating physician has documented left elbow tenderness and positive Cozen sign, positive Tinel sign, positive Phalen sign, abnormal 2-point discrimination over the right median nerve distribution, left knee tenderness with positive McMurray sign. The treating physician has not documented objective evidence of derived

functional improvement from completed physical therapy sessions, which should have provided sufficient opportunity for instruction and supervision of a transition to a dynamic home exercise program. The criteria noted above not having been met, Physical Therapy two times three, is not medically necessary.