

Case Number:	CM14-0173626		
Date Assigned:	10/31/2014	Date of Injury:	09/09/2010
Decision Date:	12/17/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/21/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 61 year old male with a date of injury of 9/9/10. The listed diagnoses per [REDACTED] are chronic cervical pain, impingement syndrome of right shoulder, bilateral CTS, bilateral internal derangement of knees, depression, sleep disorder, headaches, GERD, diabetes, GERD, erectile dysfunction. This patient is status post rotator cuff repair from September 2013 and left knee arthroscopy from 2011. The patient complains of continued bilateral knee, neck and upper extremities pain. Examination revealed mild tenderness along the wrist. There is positive bilateral Tinel's sign. Report 6/27/14, states that the patient has worsening of pain in the neck and bilateral knees. Examination revealed neck extension 20 degrees and flexion to 25 degrees. Bilateral lower extremity extends to 180 degrees and flex to 110 degrees. The request is for Cervical Pillow, Tens Pad, Cervical Traction Pad, Hot/Cold Wrap, Nalfon 400mg #60, Cortisone Injection to Right Knee, Right Knee X-ray AP Lateral and Left Knee X-ray AP Lateral. Utilization review denied the request on 10/8/14. Treatment reports from 4/10/14 through 9/2/14 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical pillow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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 (Acute & Chronic) chapter, Durable medical equipment (DME)

Decision rationale: This patient presents with neck and bilateral knee pain. The physician states, "I recommend that he have access to a neck pillow." There is no further discussion regarding this request. Although, the MTUS and ACOEM guidelines do not specifically discuss cervical spine pillows, ODG Guidelines, Knee & Leg (Acute & Chronic) chapter, Durable medical equipment (DME) do discuss durable medical equipment stating "recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment." The term DME is defined as "equipment which can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness, and is appropriate for use in the patient's home." In this case, the physician does not discuss the medical need of a cervical pillow. Furthermore, DMEs are to be used to serve a medical purpose and not general useful in the absence of illness. Recommendation is for denial.

TENS pads: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116.

Decision rationale: This patient presents with neck and bilateral knee pain. The physician requests "TENS pads to his TENS unit." Per MTUS Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and it is not recommended as a primary treatment modality but a 1-month home-based trial may be considered for specific diagnoses of neuropathy, CRPS, spasticity, phantom-limb pain, and multiple scoliosis. When a TENS unit is indicated, a 30-day home trial is recommended and with documentation of functional improvement, additional usage may be indicated. In this case, review of the medical file provides no discussion regarding frequency of use, magnitude of pain reduction, and any functional changes with utilizing a TENS unit. MTUS allows for continued use of a TENS unit when there is documentation of functional improvement. Given the lack of sufficient documentation for extended use of a TENS unit, the requested TENS pads is not necessary. Recommendation is for denial.

Cervical traction kit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

Decision rationale: This patient presents with neck and bilateral knee pain. The physician requests for a cervical traction kit. ACOEM guidelines, Chapter 8, page 173 on C-spine traction states, "There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction... These palliative tools may be used on a trial basis but should be monitored closely. Furthermore, ACOEM chapter 8, page 181 under Neck and upper back complaints states "Not Recommended." In this case, there is no description of what kind of traction unit is being requested. Additionally, the ACOEM guidelines do not support cervical traction units, recommendation is for denial.

Hot/Cold wrap: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) continuous-flow cryotherapy under its Knee Chapter

Decision rationale: This patient presents with neck and bilateral knee pain. The physician requests for a hold-cold wrap. The MTUS and ACOEM guidelines do not discuss cold therapy units. Therefore, ODG Guidelines are referenced. ODG Guidelines has the following regarding continuous-flow cryotherapy under its Knee Chapter: "Recommended 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 use. However, the effectiveness on more frequently treated acute injuries has not been fully evaluated." This patient is not status posts any recent surgery and ODG does not recommend continuous-flow cryotherapy for nonsurgical treatment. Recommendation is for denial.

Nalfon 400mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories Page(s): 22.

Decision rationale: This patient presents with neck and bilateral knee pain. The physician requests for Nalfon 400mg #60. For anti-inflammatory medications, the MTUS Guidelines page 22 states, "Anti-inflammatories are the traditional first line of treatment to reduced pain, so activity and functional restoration can resume, but long term use may not be warranted." This is an initial request for this medication. Given the patient continued pain, recommendation is for approval.

Cortisone injection to right knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) under its Knee & Leg chapter has the following on cortisone injection

Decision rationale: This patient presents with neck and bilateral knee pain. The physician is requesting a cortisone injection to the right knee. The ACOEM Chapter 13 page 339 does not support routine use of cortisone injections for knee. ODG Guidelines under its Knee & Leg chapter has the following on cortisone injection, "Recommended for short-term use only. Intra-articular corticosteroid injection results in clinically and statistically significant reduction in osteoarthritis knee pain 1 week after injection. The beneficial effect can last 3 to 4 weeks, but it is unlikely to continue beyond that. Evidence supports short term (up to 2 weeks) improvement in symptoms of osteoarthritis of the knee after intra-articular corticosteroid injection." MRI of the right knee showed complete loss of articular surface on patella with continued pain. Medical records indicate that the patient has not tried cortisone injection for the right knee. Recommendation is for approval.

Right knee x-ray A/P lateral: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341, 342.

Decision rationale: This patient presents with neck and bilateral knee pain. The physician is requesting a right knee x-ray. ACOEM guidelines pages 341-342 on Radiographs have the following, "Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The position of the American College of Radiology in its most recent appropriateness criteria list the following clinical parameters as predicting absence of significant fracture and may be used to support the decision not to obtain a radiograph following knee trauma: Patient is able to walk without a limp. Patient had a twisting injury and there is no effusion." In this case, the records do not indicate prior X-rays of the right knee. It may very well be that the patient had a set of x-rays early on in the injury but there is no evidence of that in the reports. Given patient's continued complaints, recommendation is for authorization.

Left knee x-ray A/P lateral: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 341-342.

Decision rationale: This patient presents with neck and bilateral knee pain. The physician is requesting a left knee x-ray. ACOEM guidelines pages 341-342 on Radiographs have the following, "Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The position of the American College of Radiology in its most recent appropriateness criteria list the following clinical parameters as predicting absence of significant fracture and may be used to support the decision not to obtain a radiograph following knee trauma: Patient is able to walk without a limp. Patient had a twisting injury and there is no effusion." In this case, the records do not indicate prior X-rays of the left knee. It may very well be that the patient had a set of x-rays early on in the injury but there is no evidence of that in the reports. Given patient's continued complaints, recommendation is for authorization.