

Case Number:	CM14-0095618		
Date Assigned:	07/28/2014	Date of Injury:	08/02/2013
Decision Date:	09/22/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/23/2014

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 Occupational 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 claimant was injured on 08/02/13 in a motor vehicle accident. The following are under review: Interferential unit and supplies for knees and left shoulder, CPM machine, viscosupplementation injections x 5 for both knees, hinged knee brace for bilateral knees, and a pain management consultation for epidural injection to the lumbar spine. The claimant was seen by [REDACTED] on 05/09/14 and had PT which helped his back pain some but his shoulder and knee pain was uncontrolled. He was diagnosed with left shoulder impingement syndrome on the left, subacromial bursitis, low grade partial articular tear of the supraspinatus tendon, degenerative joint disease and degenerative disc disease of the lumbar spine. On 03/20/14, [REDACTED] indicated both that both knees had full range of motion with pain and he had lateral joint space tenderness to palpation. His bilateral knee pain had resolved on 08/21/13 but was mentioned again on 09/05/13. His bilateral knee pain was not mentioned again until 2014. His physical therapy in 2013 had fully resolved the pain associated with his knee. He saw a chiropractor on 11/07/13 for his low back pain, left shoulder pain, and bilateral knee pain. He was diagnosed with sprains, subluxations and dysfunction. X-rays of the neck and thoracic region were normal on 11/19/13. X-rays on 08/08/13 showed mild osteoarthritis of the knees without fractures. X-rays of the left shoulder were negative for fracture. MRI of the lumbar spine showed a small central annular tear with disc desiccation at L4-5. He saw [REDACTED] and still had pain. He was given multiple medications. He has also seen other providers. He saw [REDACTED] on 01/10/14 and his examination was unchanged. Epidural steroid injections and arthroscopic surgery were recommended. He saw [REDACTED] on 01/25/14 for pain in his left shoulder at level 5/10, pain in the lumbar spine at level 7/10, pain in the knees at level 5-6 but he no longer had pain in the left wrist. Physical examination revealed decreased range of motion of the left knee at 0-38 and the right knee range of motion was 0-129. Squat test caused pain and

Valsalva was positive for low back pain. Lumbar range of motion was decreased. He had decreased range of motion of the left shoulder and positive McMurray's test to both knees with varus stress test positive to the left knee. Diagnoses include mild DDD and DJD of the lumbar spine, mild osteoarthritis of both knees, partial tear of the distal supraspinatus tendon of the left shoulder, and a small central annular tear at L4-5 on an MRI. Blood tests were ordered along with medications. On 02/18/14, he was seen again. He was diagnosed with left shoulder impingement syndrome and subacromial bursitis. MRIs were ordered for both knees to rule out torn menisci. On 03/27/14, an MRI of the right knee revealed a joint effusion and small area of focal bone marrow reactive edema in the mid right patella. He had a mild sprain of the right anterior cruciate ligament and focal mild meniscal degenerative changes of the menisci. On 05/09/14, he stated he had had some physical therapy. He had some back pain with some control of his pain but his shoulder and knee was uncontrolled. He had ongoing back problems but an epidural injection had been denied. Surgery was recommended for the left shoulder. Viscosupplementation 5 injections were recommended to try to avoid surgery. An electrical stimulation device was ordered. He was given medication. On 06/20/14, he saw [REDACTED] and still had the same complaints. He had very little pain in his wrist. There was evidence of impingement. He had a nonantalgic gait. There were no neurologic deficits. He saw [REDACTED] on 06/26/14. He presented for a preop evaluation for left shoulder arthroscopic surgery and was cleared for surgery. On 07/01/14, he was scheduled for surgery on 08/06/14. He was given tramadol, ibuprofen and methocarbamol. His shoulder was examined but not his knees. The knees are not mentioned in the diagnoses. Therapy and acupuncture were ordered along with Norco, tramadol, and Keflex. He underwent surgery on 07/11/14 by [REDACTED]. The diagnoses were partial tear of the supraspinatus with impingement syndrome and bursitis. He also had adhesions.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Interferential Current (IFC) Unit plus supplies for the knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS). Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 149.

Decision rationale: The history and documentation do not objectively support the request for an interferential current stimulator and supplies for the knees. The MTUS state "Interferential Current Stimulation (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. (Van der Heijden, 1999) (Werner, 1999) (Hurley, 2001) (Hou, 2002) (Jarit, 2003) (Hurley, 2004) (CTAF, 2005) (Burch, 2008) The findings from these trials were

either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues. In addition, although proposed for treatment in general for soft tissue injury or for enhancing wound or fracture healing, there is insufficient literature to support Interferential current stimulation for treatment of these conditions. There are no standardized protocols for the use of interferential therapy; and the therapy may vary according to the frequency of stimulation, the pulse duration, treatment time, and electrode-placement technique. Two recent randomized double-blind controlled trials suggested that ICS and horizontal therapy (HT) were effective in alleviating pain and disability in patients with chronic low back pain compared to placebo at 14 weeks, but not at 2 weeks. The placebo effect was remarkable at the beginning of the treatment but it tended to vanish within a couple of weeks."In this case, there is no evidence that the claimant has been involved in an ongoing exercise program following his treatment in PT and no indication that he has been advised to continue exercising in conjunction with use of an IF unit. There is no documentation of a successful trial of an IF unit. His recent course of evaluation and treatment for his knees is unknown. The medical necessity of this request has not been clearly demonstrated. The IF unit is not medically necessary and neither are the supplies.

One (1) Interferential Current (IFC) Unit plus supplies for shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS). Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 149.

Decision rationale: The history and documentation do not objectively support the request for an interferential current stimulator and supplies for the shoulder. The MTUS state "Interferential Current Stimulation (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. (Van der Heijden, 1999) (Werner, 1999) (Hurley, 2001) (Hou, 2002) (Jarit, 2003) (Hurley, 2004) (CTAF, 2005) (Burch, 2008) The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues. In addition, although proposed for treatment in general for soft tissue injury or for enhancing wound or fracture healing, there is insufficient literature to support Interferential current stimulation for treatment of these conditions. There are no standardized protocols for the use of interferential therapy; and the therapy may vary according to the frequency of stimulation, the pulse duration, treatment time, and electrode-placement technique. Two recent randomized double-blind controlled trials suggested that ICS and horizontal therapy (HT) were effective in alleviating pain and disability in patients with chronic low back pain compared to placebo at 14 weeks, but not at 2 weeks. The placebo effect was remarkable at the beginning of the treatment but it tended to vanish within a couple of weeks."In this case, there is no evidence that the claimant has been involved in an ongoing exercise program following his

treatment in PT and no indication that he has been advised to continue exercising in conjunction with use of an IF unit. There is no documentation of a successful trial of an IF unit. His recent course of evaluation and treatment for his shoulder since his surgery in July 2014 is unknown. The medical necessity of this request has not been clearly demonstrated. The IF unit is not medically necessary and, therefore, neither are the supplies.

One (1) Continuous Passive Motion Machine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder/Knee CPM.

Decision rationale: The history and documentation do not objectively support the request for a continuous passive motion machine. The MTUS do not address the use of this type of device and the ODG state CPM can be recommended for the knee but not the shoulder. ODG (Shoulder) states "Not recommended for shoulder rotator cuff problems, but recommended as an option for adhesive capsulitis, up to 4 weeks/5 days per week." ODG (Knee) states "Criteria for the use of continuous passive motion devices: In the acute hospital setting, postoperative use may be considered medically necessary, for 4-10 consecutive days (no more than 21), for the following surgical procedures: (1) Total knee arthroplasty (revision and primary)(2) Anterior cruciate ligament reconstruction (if inpatient care)(3) Open reduction and internal fixation of tibial plateau or distal femur fractures involving the knee joint (BlueCross BlueShield, 2005) For home use, up to 17 days after surgery while patients at risk of a stiff knee are immobile or unable to bear weight:(1) Under conditions of low postoperative mobility or inability to comply with rehabilitation exercises following a total knee arthroplasty or revision; this may include patients with:(a) complex regional pain syndrome;(b) extensive arthrofibrosis or tendon fibrosis; or(c) physical, mental, or behavioral inability to participate in active physical therapy.(2) Revision total knee arthroplasty (TKA) would be a better indication than primary TKA, but either OK if #1 applies. In this case, it is not clear what body part is to be treated. CPM is not recommended for rotator cuff injuries and there is no history of knee surgery. As a result, the medical necessity of this request for a CPM machine has not been clearly demonstrated.

Viscosupplementation to bilateral knees-five (5) Orthovisc injections to each: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee - viscosupplementation injections (hyaluronic acid injections).

Decision rationale: The history and documentation do not objectively support the request for viscosupplementation injections x 5 for each knee. MTUS does not address this type of injection but the ODG state they are "recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best.... Criteria for Hyaluronic acid injections:- Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months;- Documented symptomatic severe osteoarthritis of the knee, which may include the following: Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; Over 50 years of age.- Pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease;- Failure to adequately respond to aspiration and injection of intra-articular steroids;- Generally performed without fluoroscopic or ultrasound guidance;- Are not currently candidates for total knee replacement or who have failed previous knee surgery for their arthritis, unless younger patients wanting to delay total knee replacement. (Wen, 2000)- Repeat series of injections: If documented significant improvement in symptoms for 6 months or more, and symptoms recur, may be reasonable to do another series. No maximum established by high quality scientific evidence.- Hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, or patellofemoral arthritis, patellofemoral syndrome (patellar knee pain), plantar nerve entrapment syndrome, or for use in joints other than the knee (e.g., ankle, carpo-metacarpal joint, elbow, hip, metatarsophalangeal joint, shoulder, and temporomandibular joint) because the effectiveness of hyaluronic acid injections for these indications has not been established." The claimant has been diagnosed with mild osteoarthritis of the knees. However, there is no evidence that he has completed or attempted and failed all other reasonable conservative care and has been involved in an ongoing exercise program. There is no documentation of trials of corticosteroid injections and trials of NSAIDs/acetaminophen. The medical necessity of this request for viscosupplementation injections x 5 for the knees has not been clearly demonstrated.

One (1) Hinged Knee Brace for bilateral knees: 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, Knee & Leg (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee - braces.

Decision rationale: The history and documentation do not objectively support the request for bilateral knee braces at this time. The claimant's injury was over a year ago and the anticipated benefit to the claimant of knee braces is unclear. The MTUS do not address knee braces for chronic pain and the ODG state "Criteria for the use of knee braces: Prefabricated knee braces may be appropriate in patients with one of the following conditions: 1. Knee instability 2.

Ligament insufficiency/deficiency 3. Reconstructed ligament 4. Articular defect repair 5. Avascular necrosis 6. Meniscal cartilage repair 7. Painful failed total knee arthroplasty 8. Painful high tibial osteotomy 9. Painful unicompartmental osteoarthritis 10. Tibial plateau fracture In this case, there is no evidence of instability or any of the listed conditions to support the use of knee braces on both knees. The medical necessity of this request for bilateral hinged knee braces has not been clearly demonstrated.

One (1) Pain Management Consultation for lumbar spine for epidural injection:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 79.

Decision rationale: The history and documentation do not objectively support the request for a pain management consultation for a lumbar spine ESI. The MTUS state "ESI may be recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy).... Criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants).3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections."There is no clear objective evidence of radiculopathy at a specific level to be injected on physical examination and no indication that the has failed all other reasonable conservative care, including PT, or that this ESI is based on an attempt to avoid surgery. The MRI report does not demonstrate the presence of nerve root compression at any level. There is no indication that the claimant has been instructed in home exercises to do in conjunction with injection therapy. The medical necessity of this request for a pain management consultation for an epidural steroid injection has not been clearly demonstrated.