

Case Number:	CM14-0211466		
Date Assigned:	12/24/2014	Date of Injury:	05/14/2010
Decision Date:	03/03/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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: Texas, Ohio, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic knee pain reportedly associated with an industrial injury of May 14, 2010. In a Utilization Review Report dated November 18, 2014, the claims administrator denied x-rays of the knee, denied a TENS unit with associated electrodes, and denied pain management counseling. The claims administrator employed non-MTUS ODG Guidelines to deny the knee x-rays, despite the fact that the MTUS addresses the topic. In a Medical-legal Evaluation dated July 17, 2014, the applicant reported persistent complaints of knee pain with derivative complaints of anxiety, psychological stress, and depression. The applicant was not working owing to her mental health issues, it was acknowledged. The applicant apparently had a history of abusing methamphetamines. On November 10, 2014, the applicant reported persistent complaints of low back and knee pain, moderate and constant. The applicant reportedly had reportedly previously been given a TENS unit. The applicant stated that her TENS unit had helped but that her TENS unit had apparently broken. The applicant was using metformin. The applicant was reportedly unemployed, it was stated in one section of the note, was reportedly not receiving any indemnity or disability benefits. Permanent work restrictions, Cymbalta, and Celebrex were endorsed, along with a replacement TENS unit. Additional psychotherapy was endorsed. Updated knee x-rays were endorsed to search for arthritis. The attending provider stated that this could potentially influence the need for viscosupplementation injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of the right knee lateral, posterior/anterior and standing: Overturned

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 13 Knee Complaints Page(s): 336.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 13, Table 13-2, page 336, evidence of misalignment on x-rays can be suggestive of chondromalacia, i.e., one of the diagnoses reportedly present here. The Third Edition ACOEM Guidelines Knee Chapter further notes that x-rays are the initial test of choice for evaluating applicants with suspected knee osteoarthritis, another diagnosis reportedly present here. The attending provider has stated that the proposed x-rays could potentially influence the treatment plan and/or influence the need for injection therapy here. Therefore, the request was medically necessary.

DME: Tens unit with electrodes: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of TENS topic. Page(s): 116.

Decision rationale: The request in question represents a request for replacement TENS unit. However, page 116 of the MTUS Chronic Pain Medical Treatment Guidelines notes that usage of a TENS unit beyond an initial one-month trial should be predicated on evidence of a favorable outcome during said one-month trial, in terms of both pain relief and function. Here, the applicant had previously received a TENS unit. Despite previous usage of a TENS unit, the applicant failed to return to work. The applicant remains severely obese, with the BMI of 38 as of a November 10, 2014 office visit, referenced above, suggesting that previous usage of a TENS unit had failed to ameliorate the applicant's overall activity levels and/or generate functional improvement as defined in MTUS 9792.20f. Therefore, the request was not medically necessary.

Pain management counseling 1 time a week for 67 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions section. Page(s): 23.

Decision rationale: While page 23 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend behavioral interventions in applicants with chronic pain issues, page 23 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies this recommendation by noting that a total of up to 6-10 visits are recommended with evidence of functional improvement. Here, however, the request for 67 sessions of pain management counseling (a) represent treatment well in excess of MTUS parameters and (b) do not contain any proviso to re-evaluate the applicant in the midst of treatment so as to ensure a favorable response to and/or functional improvement with the same before moving forward with such a lengthy, protracted course of treatment. Therefore, the request was not medically necessary.