

Case Number:	CM14-0216981		
Date Assigned:	01/06/2015	Date of Injury:	05/03/2014
Decision Date:	03/03/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/29/2014

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a year old female who suffered a work related injury on 05/03/2014. Mechanism of injury is not documented. Diagnoses include chronic right knee pain, right ACL tear, low-grade chondral fissuring of the right lateral patellar facet, and right knee dysfunction to above. A physician progress note dated 11/06/2014 documents the injured worker is improving but slower than expected. She continues to have right knee pain rated 6 out of 10 which is dull, sharp, burning, and sometimes pins and needles with numbness. When walking she feels the knee may give out. She noticed side effects from OxyContin and Tramadol, which were discontinued due to dizziness, in addition Neurontin was also discontinued. New medications include Celebrex 200mg twice a day as needed, and Voltaren gel as an alternate to Celebrex. Her right knee has tenderness of the medial collateral ligament. Apley's test is positive. McMurray test is negative and mild positive anterior drawer's test. Range of motion of her hips, knees and ankles is normal. Treatment has included medications, knee brace, acupuncture, and physical therapy. The injured worker works modified duty. The request is for physical therapy to the right knee 2 times a week for 3 weeks, Acupuncture to the right knee 2 times a week for 4 weeks, and for a Transcutaneous electrical nerve stimulation (TENS) Unit with supplies for the right knee. Utilization Review dated 11/26/2014 non-certifies the request for physical therapy 2 times a week for 3 weeks citing California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines-Physical Medicine. Guidelines recommend for fading of treatment frequency plus active self-directed medicine. If the injured worker did not do well in

the past trial of independent home rehabilitation or with a past trial of supervise physical therapy then it would be appropriate for the AP to submit a detailed prescription regard the goal and methods of proposed physical therapy. Without such detail is not able to anticipate that the claimant would have a better outcome at this time than at the prior time that the claimant underwent therapy. Regarding acupuncture to the right knee 2 times a week times 4 weeks is not certified citing California Medical Treatment Utilization Schedule (MTUS), Acupuncture Medical Treatment Guidelines. Guidelines state acupuncture may be extended if functional improvement is documented. The medical records in this case do not contain sufficient detail regarding past functional improvement to support any indication for extending acupuncture. The request for a TENS Unit and supplies is not medically necessary citing California Medical Treatment Utilization Schedule (MTUS)-Chronic pain Medical Treatment Guidelines. Guidelines state a one month home-based TENS trial may be considered a noninvasive conservative option for neuropathic pain. The medical records do not document a neuropathic pain diagnosis at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for right knee 2 times per week for 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee & Leg (Acute & Chronic), Physical Therapy.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. Regarding physical therapy, ODG states Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. The treating physician has not provided the number of sessions this patient has attended, nor has the treating physician provided documentation of functional improvement or objective pain relief from previous therapy sessions.

Acupuncture to right knee, 2 times per week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee & Leg (Acute & Chronic), Acupuncture

Decision rationale: MTUS state that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The treating physician did not provide detail regarding patient's increase or decrease in pain medication. Further, there was no evidence to support that this treatment would be utilized as an adjunct to physical rehabilitation or surgical intervention to hasten functional recovery. Additionally, medical documents do not indicate that pain medications are not tolerated. ODG states regarding knee acupuncture, Recommended as an option for osteoarthritis, but benefits are limited. ODG further details the quantity: - Initial trial of 3-4 visits over 2 weeks.- With evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.) Medical records provided indicate that the patient has already undergone sessions of acupuncture, however the number of sessions is not indicated. Per guidelines, the maximum number of visits is 12 sessions. Without knowing the previous number of sessions attended and the outcome of those sessions, the medical necessity of the requested sessions cannot be determined.

TENS unit with supplies for right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous Electrical Nerve Stimulation) Page(s): 114-11.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation, Transcutaneous Electrotherapy Page(s): 54, 114-116, 118-120. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); TENS Chronic Pain (Transcutaneous Electrical Nerve Stimulation)

Decision rationale: MTUS states regarding TENS unit is 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, for the conditions described below. For pain, MTUS and ODG recommend TENS (with caveats) for neuropathic pain, phantom limb pain and CRPSII, spasticity, and multiple sclerosis. The medical records do not indicate any of the previous conditions. ODG further outlines recommendations for specific body parts: Low back: Not recommended as an isolated intervention. Knee: Recommended as an option for osteoarthritis as adjunct treatment to a therapeutic exercise program. Neck: Not recommended as a primary treatment modality for use in whiplash-associated disorders, acute mechanical neck disease or chronic neck disorders with radicular findings. Ankle and foot: Not recommended. Elbow: Not recommended. Forearm, Wrist and Hand: Not recommended. Shoulder: Recommended for post-stroke rehabilitation. Medical records do not indicate conditions of the low back, knee, neck, ankle, elbow, or shoulders that meet guidelines. Of note, medical records do not indicate knee osteoarthritis. ODG further details criteria for the use of TENS for Chronic intractable pain (for the conditions noted above): (1) Documentation of pain of at least three months duration.(2) There is evidence that other

appropriate pain modalities have been tried (including medication) and failed.(3) A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial.(4) Other ongoing pain treatment should also be documented during the trial period including medication usage.(5) A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted.(6) After a successful 1-month trial, continued TENS treatment may be recommended if the physician documents that the patient is likely to derive significant therapeutic benefit from continuous use of the unit over a long period of time. At this point purchase would be preferred over rental.(7) Use for acute pain (less than three months duration) other than post-operative pain is not recommended.(8) A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. The medical records do not satisfy the several criteria for selection specifically, lack of documented 1-month trial, lack of documented short-long term treatment goals with TENS unit, and unit use for acute (less than three months) pain. As such, the request for 1 Tens Unit is not medically necessary.