

<b>Case Number:</b>	CM15-0012177		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	11/05/2013
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 50 year old female, who sustained an industrial injury on 11/05/2013. The diagnoses have included right and left knee sprain/strain, herniated lumbar disc with degenerative disk disease, herniated cervical disc with degenerative disk disease and spinal stenosis with C7 radiculopathy, cephalgia, right hand carpal tunnel syndrome, left ankle sprain/strain, and left wrist sprain/strain. Treatments to date have included lumbar epidural steroid injection and medications. Diagnostics to date have included MRI of the right knee on 01/28/2014 which showed a complete tear through the posterior root of the medial meniscus, diffuse cartilage thinning, lateral subluxation of the patella, and a small Baker's cyst. In a progress note dated 12/15/2014, the injured worker presented with complaints of continued pain and tingling in legs after lumbar epidural steroid injection, along with low back pain, pain and swelling in left ankle, and severe pain in cervical spine with associated headaches. The treating physician reported to put second epidural steroid injection to the lumbar spine on hold and requested authorization for an ultrasound guided corticosteroid injection to the right and left knee for alleviation of pain and discomfort and for a right knee pull on brace for support and relief purpose, and an inferential unit for pain relief purpose. Utilization Review determination on 01/15/2015 non-certified the request for Ultrasound Guided Corticosteroid Injection (bilateral knees), Right Knee Brace, LSO (lumbosacral orthosis) Brace, and IF (Interferential) Unit (60 days for home use) citing Medical Treatment Utilization Schedule American College of Occupational and Environmental Medicine and Official Disability Guidelines.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Ultrasound guided corticosteroid injections (bilateral knees): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC), Knee and Leg Procedure Summary last updated 10/27/2014

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official disability guidelines Knee and leg chapter, Criteria for Intraarticular glucocorticosteroid injections

**Decision rationale:** Based on the 12/15/14 progress report provided by treating physician, the patient presents with bilateral knee pain. The request is for ultrasound guided corticosteroid injections (bilateral knees). Patient's diagnosis on 12/15/14 included right knee strain/sprain, internal derangement, positive MRI medial meniscus tear; and left knee strain /sprain, lateral subluxing patella, degenerative joint disease. Diagnostics to date have included MRI of the right knee on 01/28/2014 which showed a complete tear through the posterior root of the medial meniscus, diffuse cartilage thinning, lateral subluxation of the patella, and a small Baker's cyst. Based on physical therapy notes, patient has attended treatment sessions from 03/25/14 - 09/04/14. Patient is taking Norco. Per treater report dated 12/15/14, the patient may return to full duty work. ACOEM chapter 13, Knee, page 339 states: Invasive techniques, such as needle aspiration of effusions or prepatellar bursal fluid and cortisone injections, are not routinely indicated. Knee aspirations carry inherent risks of subsequent intraarticular infection. ODG-TWC guidelines, Knee section online for Criteria for Intraarticular glucocorticosteroid injections states these injections are "generally performed without fluoroscopic or ultrasound guidance." Per progress report dated 12/15/14, treater states "I request authorization for an ultrasound guided corticosteroid injection to the right and left knee for alleviation of pain and discomfort. An ultrasound guided injection uses high frequency sound waves to create a picture of the inside of a joint allowing continuous monitoring of the needle position, which facilitates the performance of safe and precise corticosteroid injection. Ultrasound guided injections have several advantages over traditional injections. They are more accurate, more effective and less painful." ODG guidelines recommend corticosteroid injections for short-term use only. However, ODG also states that "In the knee, conventional anatomical guidance by an experienced clinician is generally adequate. Ultrasound guidance for knee joint injections is not generally necessary." Therefore, the request for Ultrasound guided corticosteroid injections bilateral knees IS NOT medically necessary.

### **Right knee brace: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC), Knee and Leg Procedure Summary last updated 10/27/2014

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official disability guidelines Knee and leg chapter, Knee brace

**Decision rationale:** Based on the 12/15/14 progress report provided by treating physician, the patient presents with bilateral knee pain. The request is for right knee brace. Patient's diagnosis on 12/15/14 included right knee strain/sprain, internal derangement, positive MRI medial meniscus tear; and left knee strain /sprain, lateral subluxing patella, degenerative joint disease. Diagnostics to date have included MRI of the right knee on 01/28/2014 which showed a complete tear through the posterior root of the medial meniscus, diffuse cartilage thinning, lateral subluxation of the patella, and a small Baker's cyst. Based on physical therapy notes, patient has attended treatment sessions from 03/25/14 - 09/04/14. Patient is taking Norco. Per treater report dated 12/15/14, the patient may return to full duty work. ACOEM Guidelines page 340 states, "A brace can be used for patellar instability, anterior cruciate ligament ACL-- tear, or medial collateral ligament --MCL-- instability, although its benefits may be more emotional than medical." ODG Guidelines under the Knee Chapter does recommend knee brace for the following conditions, "Knee instability, ligament insufficient, reconstruction ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unit compartmental OA, or tibial plateau fracture." It further states "Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program." Per progress report dated 12/15/14, treater states "I request authorization for a right knee pull on brace for support and relief purpose. The Knee Brace is essential in providing stabilization to the knee . It is equipped with a locking hinged mechanism that can be adjusted with the push of a button. The knee brace can be locked from at any position and can be adjusted to precisely fit the patient giving superb stabilization." The patient has a diagnosis of medial meniscus tear and lateral subluxing patella to the right knee confirmed by MRI. ACOEM supports bracing for patellar instability. The request appears reasonable and in accordance with guideline criteria. Therefore, the request IS medically necessary.

**LSO brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC), Low Back Procedure Summary last updated 11/12/2014

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, Lumbar supports

**Decision rationale:** Based on the 12/15/14 progress report provided by treating physician, the patient presents with continued pain and tingling in legs after lumbar epidural steroid injection 10/25/14, along with low back pain. The request is for LSO BRACE. Patient's diagnosis per

Request for Authorization form dated 10/25/14 included herniated lumbar spine disc; and spinal stenosis with radiculitis/ radiculopathy. Based on physical therapy notes, patient has attended treatment sessions from 03/25/14 - 09/04/14. Patient is taking Norco. Per treater report dated 12/15/14, the patient may return to full duty work.ACOEM Guidelines page 301 on lumbar bracing state, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ODG Guidelines under its low back chapter, Lumbar Supports, states, "Prevention: Not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain." Under treatment, ODG further states, "Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP -very low-quality evidence, but may be a conservative option." Per progress report dated 10/13/14, treater states "I request authorization for an LSO brace for support and relief purpose. The back brace is a rigid back brace constructed with pull handles and anterior/posterior stabilization plates..." However, the patient suffers from low back pain that is not related to compression fractures, spondylolisthesis, or instability. The use of lumbar supports such as back braces has not been proven for the management of post-operative pain, and ODG does not support the use of back braces merely for preventive purposes. Therefore, this request IS NOT medically necessary.

**IF unit (60 days for home use):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

**Decision rationale:** Based on the 12/15/14 progress report provided by treating physician, the patient presents with continued pain and tingling in legs after lumbar epidural steroid injection 10/25/14, along with low back pain. The request is for IF unit (60 days for home use). Patient's diagnosis per Request for Authorization form dated 10/25/14 included herniated lumbar spine disc; and spinal stenosis with radiculitis/ radiculopathy. Based on physical therapy notes, patient has attended treatment sessions from 03/25/14 - 09/04/14. Patient is taking Norco. Per treater report dated 12/15/14, the patient may return to full duty work.MTUS (p118-120) states "Interferential Current Stimulation (ICS) Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine:- Pain is ineffectively controlled due to diminished effectiveness of medications; or- Pain is ineffectively controlled with medications due to side effects; or- History of substance abuse; or- Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or- Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.)Per progress report dated 12/15/14, treater states "I prescribe IF unit for home use and pain relief purpose. Interferential unit should be used for 30 minutes, 3 times a day, for 60 days to help control pain and inflammation and increase circulation..." The reports show the requested treatment is not intended as an isolated intervention as the patient takes Norco and has had prior chiropractic care. There is no evidence that pain is not effectively controlled due to the effectiveness of medication, substance abuse or pain due to postoperative conditions. Furthermore, MTUS requires a 30-day trial of the unit

showing pain and functional benefit before a home unit is allowed, which treater has not provided. Therefore, the requested interferential unit IS NOT medically necessary.